Filing at a Glance

Company:	Bankers Life and Casualty Company
Product Name:	GR-N100 & GR-N105
State:	Pennsylvania
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Rate - M.U. (Medically underwritten)
Date Submitted:	05/14/2015
SERFF Tr Num:	BNLB-130073790
SERFF Status:	Assigned
State Tr Num:	BNLB-130073790
State Status:	Received Review in Progress
Co Tr Num:	
Implementation Date Requested:	On Approval
Author(s):	Dave Krydynski, Brian Millsap, Sanja Zehnder, Matt Pasyk, Jody Danna
Reviewer(s):	Jim Laverty (AH) (primary)
Disposition Date:	
Disposition Status:	
Implementation Date:	

State Filing Description:

Proposed 35% increase on 996 policyholders of Bankers Life forms GR-N100 & GR-N105.

State: *Pennsylvania* **Filing Company:** *Bankers Life and Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *GR-N100 & GR-N105*
Project Name/Number: *2015 Legacy Rate Increase/*

General Information

Project Name: 2015 Legacy Rate Increase
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 35%

Deemer Date:
Submitted By: Matt Pasyk

Status of Filing in Domicile: Pending
Date Approved in Domicile:
Domicile Status Comments: Illinois is our domicile state.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 05/14/2015
State Status Changed: 05/14/2015
Created By: Matt Pasyk
Corresponding Filing Tracking Number:

Filing Description:
2015 Legacy Block Rate Increase, Policy Forms GR-N100 and GR-N105

Company and Contact

Filing Contact Information

Dave Krydynski, Actuarial Assistant
111 East Wacker Drive
Chicago, IL 60601

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312-396-6099 [Phone]
312-396-5906 [FAX]

Filing Company Information

Bankers Life and Casualty Company
111 East Wacker Drive
Chicago, IL 60601
(312) 396-6000 ext. [Phone]

CoCode: 61263
Group Code: 233
Group Name:
FEIN Number: 36-0770740

State of Domicile: Illinois
Company Type:
State ID Number:

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

State: *Pennsylvania* **Filing Company:** *Bankers Life and Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *GR-N100 & GR-N105*
Project Name/Number: *2015 Legacy Rate Increase/*

Rate Information

Rate data applies to filing.

Filing Method: SERFF
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 14.000%
Effective Date of Last Rate Revision: 06/27/2012
Filing Method of Last Filing: SERFF

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Bankers Life and Casualty Company	35.000%	35.000%	$722,163	996	$2,063,324	35.000%	35.000%

State: *Pennsylvania* **Filing Company:** *Bankers Life and Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *GR-N100 & GR-N105*
Project Name/Number: *2015 Legacy Rate Increase/*

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		GR-N100_N105_PA.pdf	GR-N100, GR-N105	Revised	Previous State Filing Number: Percent Rate Change Request: 35	GR-N100_N105_PA.pdf,

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N100

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

Without Increasing Benefit Option

365 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$23.63	$23.63	$20.68	$20.68	$17.71
35-39	26.58	26.58	23.63	20.68	20.68
40-44	32.49	29.52	26.58	23.63	23.63
45-49	35.44	32.49	29.52	26.58	26.58
50	38.39	35.44	32.49	29.52	26.58
51	38.39	35.44	32.49	29.52	26.58
52	41.34	38.39	35.44	32.49	29.52
53	41.34	38.39	35.44	32.49	29.52
54	44.29	41.34	38.39	35.44	32.49
55	47.25	44.29	41.34	38.39	35.44
56	53.15	47.25	44.29	41.34	38.39
57	56.11	50.21	47.25	44.29	41.34
58	59.06	53.15	50.21	47.25	44.29
59	62.02	59.06	53.15	50.21	44.29
60	70.85	64.95	59.06	56.11	50.21
61	73.83	67.92	62.02	56.11	53.15
62	79.73	73.83	67.92	62.02	59.06
63	88.57	79.73	73.83	67.92	62.02
64	97.43	91.53	82.66	76.76	70.85
65	109.24	100.39	91.53	85.62	76.76
66	118.10	109.24	100.39	91.53	85.62
67	132.87	121.05	112.19	103.34	94.47
68	147.62	135.81	124.00	115.16	103.34
69	162.39	147.62	135.81	124.00	115.16
70	180.12	165.35	150.58	138.78	126.97
71	197.83	180.12	165.35	153.54	138.78
72	221.44	203.72	186.02	171.25	156.49
73	242.10	224.38	203.72	186.02	171.25
74	271.63	248.01	227.34	209.63	191.93
75	298.22	274.59	250.97	230.28	209.63
76	330.67	304.11	277.53	253.91	233.25
77	366.11	336.57	307.04	280.49	256.86
78	398.59	366.11	333.63	307.04	277.53
79	434.03	398.59	363.16	333.63	304.11
80	475.35	434.03	395.63	363.16	330.67
81	516.69	475.35	431.06	395.63	357.25
82	563.92	516.69	469.45	431.06	389.72
83	614.10	560.95	510.79	466.48	425.14
84	667.24	611.16	555.05	507.82	460.58

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N100
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount

Without Increasing Benefit Option

730 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$29.52	$29.52	$26.58	$23.63	$23.63
35-39	35.44	32.49	29.52	26.58	26.58
40-44	38.39	35.44	32.49	29.52	29.52
45-49	44.29	41.34	38.39	35.44	32.49
50	50.21	47.25	44.29	41.34	38.39
51	56.11	50.21	47.25	44.29	41.34
52	56.11	50.21	47.25	44.29	41.34
53	62.02	56.11	53.15	50.21	47.25
54	64.95	62.02	56.11	53.15	47.25
55	67.92	64.95	59.06	56.11	50.21
56	76.76	70.85	64.95	62.02	56.11
57	82.66	76.76	70.85	64.95	62.02
58	85.62	79.73	73.83	67.92	64.95
59	97.43	88.57	82.66	76.76	70.85
60	103.34	94.47	88.57	82.66	76.76
61	109.24	103.34	94.47	88.57	82.66
62	121.05	112.19	103.34	97.43	88.57
63	135.81	124.00	115.16	106.29	100.39
64	147.62	138.78	126.97	118.10	109.24
65	165.35	153.54	141.72	132.87	121.05
66	183.05	171.25	156.49	144.68	132.87
67	203.72	188.95	174.20	162.39	147.62
68	230.28	212.57	194.86	180.12	165.35
69	253.91	233.25	215.53	200.76	183.05
70	280.49	259.82	239.15	221.44	203.72
71	312.96	289.35	265.72	245.07	227.34
72	351.35	324.77	298.22	274.59	253.91
73	386.78	357.25	327.73	304.11	277.53
74	428.11	395.63	363.16	336.57	307.04
75	475.35	436.95	401.53	372.01	339.54
76	525.54	484.20	442.85	407.44	374.96
77	581.63	534.40	490.10	451.72	413.34
78	634.78	584.58	534.40	493.06	451.72
79	693.82	637.73	584.58	537.34	493.06
80	761.74	699.73	640.70	590.49	540.31
81	832.59	764.69	699.73	643.64	587.53
82	909.35	838.49	764.69	705.63	643.64
83	994.98	915.25	835.54	770.59	702.68
84	1089.45	1000.89	912.30	838.49	764.69

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N100

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

Without Increasing Benefit Option

1,095 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$32.49	$32.49	$29.52	$26.58	$26.58
35-39	41.34	38.39	35.44	32.49	32.49
40-44	44.29	41.34	38.39	35.44	35.44
45-49	53.15	50.21	47.25	44.29	41.34
50	64.95	59.06	56.11	53.15	50.21
51	64.95	59.06	56.11	53.15	50.21
52	67.92	62.02	59.06	56.11	53.15
53	73.83	70.85	64.95	62.02	59.06
54	79.73	76.76	70.85	67.92	62.02
55	88.57	82.66	76.76	73.83	67.92
56	94.47	88.57	82.66	76.76	73.83
57	100.39	94.47	88.57	82.66	79.73
58	109.24	100.39	94.47	88.57	82.66
59	118.10	112.19	103.34	97.43	91.53
60	129.91	121.05	112.19	106.29	100.39
61	138.78	129.91	121.05	115.16	106.29
62	150.58	138.78	129.91	121.05	115.16
63	165.35	156.49	144.68	135.81	126.97
64	186.02	174.20	162.39	153.54	141.72
65	206.67	194.86	180.12	168.30	159.44
66	230.28	215.53	200.76	188.95	177.15
67	259.82	242.10	224.38	209.63	197.83
68	289.35	271.63	250.97	236.20	218.48
69	321.81	298.22	277.53	259.82	242.10
70	360.19	333.63	310.03	289.35	268.68
71	401.53	372.01	345.44	321.81	301.14
72	448.77	416.31	386.78	360.19	336.57
73	496.02	463.54	428.11	398.59	372.01
74	549.14	510.79	472.39	439.91	410.40
75	608.20	563.92	522.60	487.16	451.72
76	673.15	625.91	578.68	540.31	501.92
77	741.07	690.86	637.73	593.45	552.12
78	814.87	758.78	699.73	652.50	605.26
79	894.60	832.59	767.64	714.49	661.34
80	983.16	912.30	841.46	782.41	726.30
81	1077.65	997.92	921.16	856.21	794.21
82	1180.97	1095.36	1009.72	938.87	868.02
83	1296.12	1201.65	1107.18	1030.40	950.68
84	1,423.08	1316.79	1213.46	1127.82	1042.21

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

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BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N100

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

Without Increasing Benefit Option

1,825 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$41.34	$38.39	$35.44	$32.49	$32.49
35-39	47.25	44.29	41.34	38.39	38.39
40-44	53.15	50.21	47.25	44.29	41.34
45-49	67.92	62.02	59.06	56.11	53.15
50	76.76	73.83	67.92	64.95	62.02
51	79.73	76.76	70.85	67.92	64.95
52	82.66	79.73	73.83	70.85	64.95
53	91.53	85.62	79.73	76.76	70.85
54	100.39	94.47	88.57	82.66	79.73
55	106.29	100.39	94.47	88.57	85.62
56	118.10	109.24	103.34	97.43	91.53
57	124.00	118.10	109.24	103.34	97.43
58	138.78	129.91	121.05	115.16	109.24
59	147.62	138.78	129.91	124.00	115.16
60	162.39	150.58	141.72	132.87	126.97
61	174.20	165.35	153.54	144.68	135.81
62	188.95	177.15	165.35	156.49	147.62
63	212.57	200.76	186.02	174.20	165.35
64	236.20	221.44	206.67	194.86	183.05
65	262.78	248.01	230.28	215.53	203.72
66	295.25	274.59	256.86	242.10	227.34
67	327.73	307.04	286.40	268.68	250.97
68	366.11	342.48	318.86	301.14	280.49
69	410.40	383.82	357.25	336.57	312.96
70	460.58	431.06	401.53	377.92	351.35
71	516.69	481.25	448.77	422.21	392.69
72	578.68	540.31	501.92	469.45	439.91
73	640.70	596.39	555.05	519.63	484.20
74	708.59	661.34	614.10	575.73	537.34
75	788.32	735.17	682.02	637.73	593.45
76	873.92	814.87	755.82	708.59	658.41
77	965.45	900.50	835.54	782.41	726.30
78	1062.87	989.08	918.20	859.17	797.15
79	1172.12	1089.45	1009.72	941.83	876.88
80	1284.31	1195.74	1107.18	1033.34	959.55
81	1,414.22	1313.83	1216.40	1136.70	1054.03
82	1,555.94	1,446.69	1337.46	1248.90	1157.34
83	1,712.41	1,591.37	1,470.31	1,369.93	1272.50
84	1,880.70	1,747.83	1,614.99	1,505.74	1,396.51

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

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BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N100

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

Without Increasing Benefit Option

2,920 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$44.29	$41.34	$38.39	$35.44	$35.44
35-39	50.21	47.25	44.29	41.34	41.34
40-44	59.06	56.11	53.15	50.21	47.25
45-49	76.76	70.85	67.92	64.95	62.02
50	88.57	85.62	79.73	76.76	70.85
51	94.47	88.57	82.66	79.73	73.83
52	100.39	94.47	88.57	85.62	79.73
53	106.29	100.39	94.47	88.57	85.62
54	118.10	109.24	103.34	97.43	94.47
55	126.97	118.10	112.19	106.29	100.39
56	135.81	129.91	121.05	115.16	109.24
57	147.62	138.78	129.91	124.00	118.10
58	159.44	150.58	141.72	135.81	126.97
59	174.20	162.39	153.54	144.68	138.78
60	191.93	180.12	168.30	159.44	150.58
61	203.72	191.93	180.12	171.25	162.39
62	224.38	212.57	197.83	186.02	177.15
63	248.01	233.25	218.48	206.67	194.86
64	277.53	262.78	245.07	233.25	218.48
65	312.96	292.30	274.59	259.82	245.07
66	348.38	324.77	304.11	286.40	271.63
67	386.78	363.16	339.54	321.81	301.14
68	434.03	407.44	380.88	360.19	336.57
69	490.10	457.64	428.11	404.50	377.92
70	546.21	513.73	478.29	451.72	422.21
71	614.10	575.73	537.34	504.87	475.35
72	690.86	646.60	602.30	566.87	531.44
73	761.74	714.49	664.31	625.91	584.58
74	844.40	788.32	735.17	690.86	646.60
75	935.93	873.92	814.87	764.69	714.49
76	1039.26	971.35	903.43	847.35	791.25
77	1148.50	1071.74	997.92	935.93	873.92
78	1260.70	1178.02	1095.36	1027.44	959.55
79	1,387.64	1296.12	1204.59	1127.82	1054.03
80	1,526.40	1,423.08	1322.69	1240.03	1154.40
81	1,676.98	1,564.79	1,452.60	1,361.08	1266.60
82	1,845.29	1,721.28	1,597.28	1,493.92	1,393.54
83	2,028.32	1,892.51	1,753.74	1,641.55	1,526.40
84	2,232.04	2,081.47	1,927.95	1,803.94	1,676.98

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N100

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

Without Increasing Benefit Option

Unlimited Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$50.21	$47.25	$44.29	$41.34	$41.34
35-39	56.11	53.15	50.21	47.25	44.29
40-44	70.85	64.95	62.02	59.06	56.11
45-49	85.62	82.66	76.76	73.83	70.85
50	103.34	97.43	91.53	88.57	82.66
51	109.24	103.34	97.43	94.47	88.57
52	115.16	109.24	103.34	97.43	94.47
53	126.97	118.10	112.19	106.29	103.34
54	135.81	126.97	121.05	115.16	109.24
55	144.68	138.78	129.91	124.00	118.10
56	159.44	150.58	141.72	135.81	129.91
57	171.25	162.39	153.54	147.62	138.78
58	186.02	174.20	165.35	156.49	150.58
59	203.72	191.93	180.12	171.25	162.39
60	218.48	206.67	194.86	186.02	177.15
61	236.20	224.38	209.63	200.76	188.95
62	256.86	242.10	227.34	215.53	203.72
63	286.40	271.63	253.91	242.10	227.34
64	321.81	301.14	283.43	268.68	253.91
65	357.25	336.57	315.93	301.14	283.43
66	398.59	374.96	351.35	333.63	315.93
67	442.85	416.31	389.72	369.06	348.38
68	496.02	466.48	436.95	413.34	389.72
69	555.05	519.63	487.16	460.58	434.03
70	620.01	584.58	546.21	516.69	487.16
71	696.78	652.50	611.16	578.68	543.24
72	776.51	729.26	682.02	643.64	605.26
73	859.17	806.02	752.88	711.54	667.24
74	947.74	888.69	829.64	782.41	735.17
75	1042.21	977.27	912.30	859.17	808.96
76	1151.44	1077.65	1006.79	947.74	891.62
77	1269.54	1189.84	1110.12	1045.16	980.21
78	1,390.59	1302.02	1213.46	1142.60	1071.74
79	1,520.51	1,423.08	1325.65	1248.90	1169.15
80	1,662.23	1,555.94	1,449.66	1,364.01	1275.44
81	1,818.71	1,703.57	1,585.47	1,490.99	1,393.54
82	1,995.84	1,865.93	1,736.02	1,632.69	1,526.40
83	2,181.86	2,040.13	1,898.42	1,783.27	1,668.13
84	2,388.53	2,232.04	2,075.57	1,948.60	1,821.66

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Simple Inflation Option

365 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Equal Increases Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$13.41	$10.04	$9.63	$6.24	$9.21
35-39	13.81	10.46	10.04	9.63	9.63
40-44	14.62	14.24	13.81	13.41	10.04
45-49	18.43	18.01	17.59	17.18	13.81
50	25.58	21.79	21.37	20.98	20.53
51	25.58	21.79	21.37	20.98	20.53
52	25.99	22.20	21.79	21.37	20.98
53	29.37	28.93	25.15	24.73	20.98
54	29.75	29.37	25.58	25.15	21.37
55	36.92	33.14	29.37	28.93	25.15
56	34.36	33.52	29.75	25.99	25.58
57	38.14	37.30	33.52	29.75	29.37
58	45.28	41.09	37.30	33.52	29.75
59	49.06	41.91	41.09	37.30	36.48
60	46.96	46.13	41.91	38.14	37.30
61	54.07	49.89	45.68	44.86	37.74
62	54.90	50.70	46.51	42.33	38.54
63	62.90	58.28	54.07	49.89	45.68
64	64.13	59.94	55.35	51.14	46.96
65	69.16	64.55	59.94	55.74	51.14
66	80.50	75.88	67.90	63.30	55.74
67	82.54	77.54	69.58	64.94	60.36
68	91.36	86.33	77.95	69.97	68.33
69	96.78	91.36	82.98	77.95	69.97
70	102.61	97.18	88.40	80.01	74.98
71	115.20	105.98	97.18	88.79	83.36
72	118.52	109.32	100.08	91.28	82.49
73	128.13	115.58	105.93	100.08	87.92
74	128.91	122.22	109.25	100.02	90.80
75	139.34	125.95	115.91	106.30	96.67
76	143.92	130.09	119.63	109.59	99.98
77	148.87	134.64	123.77	116.68	103.28
78	153.40	138.75	127.49	117.05	106.17
79	154.99	139.94	128.23	117.39	106.50
80	154.08	141.54	129.43	118.16	106.89
81	156.46	143.95	131.03	119.34	110.61
82	159.73	146.38	133.04	120.93	111.79
83	160.02	145.86	132.08	122.54	110.03
84	160.74	146.15	131.57	121.61	108.25

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Simple Inflation Option

730 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Equal Increases Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$17.59	$14.24	$13.81	$13.41	$10.04
35-39	18.43	18.01	17.59	17.18	13.81
40-44	28.93	25.15	24.73	24.34	20.98
45-49	36.48	36.09	32.31	31.89	28.10
50	40.69	36.92	33.14	32.71	28.93
51	38.14	37.30	33.52	29.75	29.37
52	41.50	40.69	36.92	33.14	32.71
53	42.33	41.50	37.74	33.96	30.18
54	49.48	42.33	41.50	37.74	36.92
55	56.62	52.86	48.63	44.86	44.04
56	57.87	53.69	49.48	45.68	41.50
57	62.07	57.87	53.69	52.86	45.68
58	72.58	65.00	60.80	56.62	52.86
59	70.86	69.62	62.07	57.87	53.69
60	81.78	77.20	69.62	65.43	61.25
61	92.71	81.78	77.20	72.99	65.43
62	94.35	89.77	81.78	74.24	69.62
63	99.79	94.79	86.80	82.20	74.64
64	111.55	103.55	95.17	87.24	82.62
65	124.11	112.37	103.98	96.00	91.01
66	133.35	121.58	112.76	104.38	96.00
67	142.98	134.18	121.99	113.60	104.82
68	153.42	140.85	131.63	122.80	114.02
69	170.18	157.17	144.62	132.47	123.25
70	183.99	167.63	154.65	142.06	132.87
71	195.28	178.51	165.10	152.10	139.53
72	207.37	193.57	176.38	162.96	149.98
73	215.72	201.47	183.86	170.48	156.67
74	228.22	210.21	192.20	175.02	164.16
75	234.84	216.00	197.59	179.98	168.70
76	241.85	225.98	206.74	191.67	173.66
77	253.07	232.99	213.36	197.87	179.04
78	260.50	240.04	219.53	200.29	184.42
79	268.80	247.48	226.58	209.85	190.20
80	271.57	249.42	227.68	210.57	190.08
81	278.12	255.15	232.59	214.64	196.70
82	282.14	255.39	234.96	216.59	197.81
83	284.02	259.41	238.14	218.95	199.34
84	283.78	261.30	238.79	221.74	201.30

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Simple Inflation Option

1,095 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Equal Increases Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$24.73	$21.37	$20.98	$20.53	$17.18
35-39	22.64	22.20	21.79	21.37	18.01
40-44	36.48	32.71	32.31	31.89	28.54
45-49	47.82	44.04	40.26	39.87	36.09
50	49.48	48.63	44.86	41.09	40.69
51	52.86	52.02	48.24	44.46	44.04
52	53.25	52.41	48.63	44.86	41.09
53	60.80	53.69	52.86	49.06	45.28
54	65.00	61.25	57.05	53.25	52.41
55	69.62	65.43	61.25	57.45	53.25
56	77.20	72.99	68.81	64.60	60.80
57	88.10	83.93	76.36	72.17	65.00
58	92.71	88.10	80.55	76.36	72.17
59	100.69	93.15	88.52	84.33	76.76
60	105.69	97.73	93.15	85.58	81.38
61	117.02	109.07	101.09	93.51	88.94
62	125.42	117.02	109.07	104.47	96.91
63	140.95	129.60	121.23	113.25	108.64
64	150.57	142.19	130.44	122.46	114.08
65	166.94	151.84	143.00	134.62	123.30
66	180.33	168.17	156.02	144.29	135.89
67	191.20	178.63	166.04	157.25	145.47
68	208.79	192.85	179.85	167.69	158.48
69	226.81	213.37	197.06	184.46	171.91
70	242.30	228.46	211.67	198.71	185.72
71	261.54	243.95	226.74	213.36	196.99
72	284.97	266.95	245.98	232.18	212.06
73	294.94	273.59	255.15	240.91	220.37
74	309.14	290.27	268.08	250.07	232.47
75	324.12	301.10	278.46	260.03	241.62
76	333.23	309.76	286.34	267.47	245.27
77	352.81	325.60	301.34	281.65	259.03
78	363.13	335.09	310.00	286.57	266.49
79	370.93	342.07	316.15	295.24	274.34
80	379.99	353.23	326.49	304.74	280.08
81	389.81	361.85	334.28	311.73	286.22
82	397.58	368.75	339.96	316.57	293.19
83	403.61	373.52	343.47	319.28	294.66
84	404.56	376.21	344.90	319.45	294.00

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Simple Inflation Option

1,825 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Equal Increases Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$25.99	$25.58	$25.15	$24.73	$21.37
35-39	36.92	33.14	32.71	32.31	28.93
40-44	51.19	47.40	43.64	43.21	39.43
45-49	63.36	59.15	55.37	51.59	47.82
50	67.97	64.18	59.98	56.22	52.41
51	71.74	67.97	63.79	59.98	56.22
52	78.90	71.74	67.53	63.79	62.95
53	80.14	75.94	71.74	67.97	63.79
54	88.10	80.55	76.36	72.17	68.36
55	99.05	94.84	87.29	83.10	75.94
56	104.04	99.42	91.88	87.70	83.49
57	121.71	110.77	106.16	101.99	94.43
58	127.13	119.15	111.20	103.63	99.42
59	135.11	127.13	119.15	111.61	106.99
60	143.90	138.88	127.53	122.94	112.01
61	159.03	147.68	139.30	131.31	123.36
62	171.20	162.81	151.05	143.08	131.75
63	187.97	172.85	164.01	155.64	144.30
64	201.36	189.18	177.03	165.29	156.91
65	221.89	206.38	193.81	185.01	169.90
66	246.65	230.27	214.34	202.19	190.03
67	268.04	248.32	231.93	219.38	206.79
68	290.23	273.47	253.32	237.38	224.37
69	316.61	296.08	275.51	259.20	242.41
70	340.48	319.52	295.20	275.04	261.21
71	365.13	343.37	318.62	298.07	280.46
72	397.39	371.81	346.27	324.87	303.94
73	419.53	393.15	363.81	342.02	320.23
74	442.50	412.35	382.17	356.59	331.03
75	460.39	429.37	398.40	375.38	348.97
76	475.76	443.93	412.12	385.29	358.05
77	498.66	462.65	429.99	402.34	374.32
78	519.04	485.12	448.30	416.47	390.97
79	534.34	499.19	461.13	431.41	398.76
80	556.78	517.45	478.10	447.60	417.05
81	571.58	533.97	493.39	458.67	426.91
82	588.06	545.84	506.97	471.01	441.41
83	599.88	555.99	515.49	481.24	444.05
84	613.36	567.82	525.63	490.18	454.66

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Simple Inflation Option

2,920 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Equal Increases Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$33.14	$29.37	$28.93	$28.54	$25.15
35-39	40.69	40.26	36.48	36.09	32.71
40-44	55.37	51.59	47.82	47.40	43.64
45-49	71.33	67.16	63.36	59.59	55.79
50	83.10	75.94	71.74	67.97	67.16
51	87.29	83.10	78.90	75.10	70.90
52	88.10	83.93	79.71	75.94	71.74
53	99.05	91.48	87.29	83.10	79.32
54	107.43	102.82	95.26	91.06	83.93
55	118.74	114.15	106.60	102.38	98.21
56	130.10	122.53	114.55	110.37	102.82
57	141.83	133.86	125.89	118.33	110.77
58	156.96	145.62	137.65	130.10	125.47
59	165.76	157.37	146.03	138.05	130.48
60	178.30	166.58	158.18	150.21	142.25
61	193.45	181.68	169.91	161.99	150.64
62	206.43	194.69	182.51	174.13	162.81
63	229.91	217.77	202.24	190.49	182.10
64	250.89	235.36	219.42	207.68	195.52
65	269.33	256.32	237.00	224.85	209.33
66	301.21	284.45	264.71	252.12	233.23
67	326.76	306.63	286.49	270.57	254.22
68	356.93	336.41	312.47	292.76	279.38
69	388.38	363.62	339.28	319.15	301.98
70	429.86	398.40	373.25	349.33	331.72
71	466.32	434.00	405.07	383.69	356.01
72	503.98	474.22	441.07	415.95	387.42
73	544.17	507.30	473.32	444.40	418.43
74	575.95	541.17	503.43	473.68	443.92
75	615.70	576.73	534.81	504.22	470.26
76	653.75	610.56	567.42	532.62	497.85
77	695.93	651.53	604.18	565.20	529.62
78	748.67	696.72	648.10	608.32	565.16
79	796.75	743.53	690.35	649.32	601.94
80	849.81	794.98	737.17	688.58	646.30
81	907.93	845.11	785.65	735.81	685.56
82	968.49	900.68	836.18	784.71	726.90
83	1031.17	961.66	891.75	832.31	779.15
84	1096.72	1021.76	946.42	885.31	823.80

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Simple Inflation Option

Unlimited Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Equal Increases Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$40.69	$36.92	$36.48	$36.09	$32.71
35-39	51.59	51.19	47.40	46.99	43.21
40-44	63.79	62.95	59.15	55.37	54.98
45-49	92.78	85.63	81.44	77.64	73.89
50	98.61	94.43	90.23	86.45	82.27
51	106.16	98.61	94.43	87.29	86.45
52	110.37	106.16	98.61	94.43	90.65
53	118.74	114.15	106.60	102.38	95.26
54	133.45	125.47	117.92	113.71	106.16
55	144.78	137.21	129.26	121.71	117.51
56	156.96	148.99	141.01	133.45	125.89
57	172.05	164.09	152.76	145.21	137.21
58	184.21	175.82	164.50	156.54	148.99
59	196.82	188.41	176.66	168.71	160.73
60	212.33	200.59	188.84	180.86	169.55
61	231.66	216.55	204.37	193.04	184.67
62	244.64	229.11	216.94	208.56	196.82
63	268.96	250.06	237.49	225.76	213.59
64	290.74	274.42	258.47	246.30	234.15
65	322.65	302.93	283.19	267.68	255.09
66	348.60	328.50	308.34	292.41	276.45
67	381.77	357.80	337.29	320.92	301.21
68	416.11	391.80	367.48	347.31	330.57
69	454.68	429.52	401.40	380.87	360.29
70	497.42	465.55	436.61	412.27	387.94
71	538.47	505.32	472.63	444.51	422.75
72	586.65	553.12	516.19	487.26	458.33
73	621.77	584.05	546.30	516.98	487.23
74	661.08	619.18	580.63	547.08	513.54
75	707.98	661.87	619.14	584.75	547.45
76	750.23	702.85	655.90	620.69	579.23
77	793.69	745.50	693.93	654.57	611.80
78	844.26	791.48	738.70	695.10	651.53
79	899.49	842.09	784.71	736.90	692.12
80	959.73	897.70	835.70	786.71	737.29
81	1018.64	948.66	885.00	831.39	780.74
82	1077.11	1008.44	939.77	881.56	826.28
83	1146.90	1069.84	996.14	936.27	873.04
84	1212.83	1133.72	1054.60	989.71	924.81

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Compound Benefit Option

365 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$20.14	$16.77	$16.36	$12.98	$12.60
35-39	23.92	20.53	20.14	19.71	16.36
40-44	28.10	24.34	23.92	23.49	20.14
45-49	35.27	34.83	31.07	30.65	23.92
50	35.65	35.27	31.48	31.07	27.28
51	39.03	38.61	34.83	34.45	30.65
52	36.09	35.65	31.89	31.48	27.70
53	42.83	39.03	35.27	34.83	31.07
54	46.60	42.83	39.03	35.27	34.83
55	50.36	46.60	42.83	39.03	35.27
56	54.55	50.36	46.60	42.83	39.03
57	58.33	57.49	50.36	46.60	42.83
58	62.11	61.28	54.14	50.36	46.60
59	69.26	62.11	57.93	54.14	49.95
60	67.16	62.95	58.75	51.59	50.76
61	74.25	66.72	62.51	58.33	54.55
62	75.10	67.53	63.36	59.15	52.02
63	83.10	78.47	70.90	66.72	62.51
64	91.06	80.14	75.54	67.97	63.79
65	92.71	88.10	80.14	72.58	67.97
66	100.69	92.71	84.74	80.14	72.58
67	106.11	101.09	89.77	81.78	77.20
68	111.55	103.17	94.79	86.80	81.78
69	120.34	114.91	103.17	94.79	86.80
70	126.18	117.38	108.59	100.20	91.82
71	135.40	126.18	114.02	102.27	96.82
72	138.71	129.52	116.90	108.12	99.31
73	148.33	132.39	122.77	113.55	101.39
74	152.46	142.42	129.43	116.86	107.64
75	162.90	149.50	136.10	126.49	113.49
76	167.47	153.64	139.83	129.79	116.77
77	175.79	161.57	147.35	136.88	123.47
78	183.70	169.07	154.43	140.61	129.73
79	195.40	176.98	161.90	147.69	133.44
80	197.80	181.93	166.46	151.81	137.19
81	210.33	191.07	174.79	159.73	147.61
82	216.94	196.85	180.15	164.71	148.81
83	227.34	209.81	189.30	173.02	157.15
84	234.78	216.82	195.52	178.81	162.10

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Compound Benefit Option

730 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$27.70	$24.34	$23.92	$23.49	$20.14
35-39	35.27	31.48	31.07	30.65	27.28
40-44	49.11	45.33	41.55	41.18	34.45
45-49	60.05	56.27	52.50	48.73	44.93
50	64.23	57.09	53.31	49.56	45.77
51	61.70	57.49	53.72	49.95	46.17
52	65.06	60.88	57.09	53.31	49.56
53	65.88	65.06	57.93	54.14	50.36
54	76.41	69.26	65.06	61.28	57.09
55	83.55	76.41	72.22	65.06	64.23
56	88.17	80.62	76.41	69.26	65.06
57	92.36	88.17	80.62	76.41	69.26
58	102.87	95.29	87.73	83.55	76.41
59	107.91	99.91	92.36	84.80	80.62
60	112.06	107.48	96.55	89.01	81.44
61	123.01	112.06	104.13	96.55	89.01
62	128.00	116.68	108.72	101.17	93.19
63	136.83	128.44	117.10	109.12	98.21
64	148.57	133.86	125.47	117.51	106.16
65	157.77	146.03	134.27	122.94	114.55
66	173.73	158.60	146.43	138.05	126.30
67	183.35	171.20	155.64	143.90	135.11
68	193.81	177.86	165.29	153.12	140.95
69	203.85	190.84	174.90	162.74	150.19
70	217.64	201.30	184.94	172.36	156.43
71	228.94	212.16	195.40	182.39	163.09
72	241.03	220.48	203.29	189.89	173.55
73	252.72	231.76	214.17	197.39	183.59
74	268.62	247.24	225.85	208.68	191.09
75	278.58	256.39	234.61	213.65	198.99
76	285.61	266.37	243.77	225.31	203.95
77	300.18	276.76	253.75	234.90	216.09
78	321.10	293.91	270.03	247.42	228.17
79	336.10	311.43	283.80	263.71	237.33
80	348.96	323.45	294.98	271.16	247.28
81	369.01	339.28	310.00	285.31	260.65
82	389.83	356.36	325.82	297.37	271.85
83	408.57	373.85	342.47	313.19	286.87
84	428.52	392.54	359.96	332.80	302.27

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Compound Benefit Option

1,095 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$41.55	$34.83	$34.45	$34.01	$30.65
35-39	46.17	45.77	41.99	41.55	34.83
40-44	63.40	59.63	55.85	52.07	48.73
45-49	81.48	74.33	70.56	66.79	63.01
50	76.41	75.57	68.43	64.66	60.88
51	79.79	78.95	71.79	68.02	64.23
52	86.92	82.72	75.57	71.79	68.02
53	91.10	83.99	79.79	75.99	68.83
54	98.67	88.17	83.99	76.82	75.99
55	103.29	99.10	91.53	84.37	80.17
56	114.19	106.65	99.10	94.91	87.73
57	125.14	117.59	110.03	105.83	95.29
58	133.09	128.48	117.59	110.03	105.83
59	144.43	133.52	125.52	117.97	110.42
60	149.46	138.11	130.14	122.58	115.02
61	157.41	149.46	138.11	127.17	122.58
62	169.18	160.79	149.46	141.48	130.55
63	188.07	173.36	161.62	153.65	142.29
64	197.68	182.57	170.84	159.50	151.11
65	210.69	195.57	183.38	171.65	160.32
66	230.84	215.29	199.78	188.02	172.88
67	245.04	229.11	213.17	200.99	185.87
68	259.28	239.95	223.63	208.08	195.52
69	277.30	260.51	240.80	224.85	208.92
70	292.76	275.59	255.42	239.08	222.72
71	312.01	291.06	270.52	253.75	234.03
72	328.74	307.34	283.02	265.84	245.72
73	342.08	317.33	295.54	277.95	257.42
74	362.99	337.40	311.84	293.83	269.50
75	377.98	351.57	325.58	303.79	282.01
76	393.81	366.99	340.19	317.97	292.40
77	420.15	386.18	358.54	335.51	309.52
78	440.56	405.76	377.31	350.51	323.69
79	468.55	432.95	400.30	372.66	345.04
80	491.04	454.20	420.73	392.25	360.85
81	521.10	483.02	445.35	416.05	380.45
82	552.41	510.11	471.22	437.74	404.24
83	578.62	538.46	494.92	457.28	425.92
84	609.84	564.68	519.92	484.39	445.46

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Compound Benefit Option

1,825 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$46.17	$45.77	$41.99	$41.55	$38.21
35-39	63.83	60.05	56.27	55.85	49.11
40-44	84.86	77.69	73.92	70.14	66.36
45-49	103.75	99.54	92.41	88.63	81.48
50	111.73	101.19	97.02	93.25	86.07
51	112.13	101.64	97.44	90.28	86.52
52	115.94	105.39	101.19	94.09	93.25
53	120.53	116.33	108.76	101.64	97.44
54	131.87	124.32	116.76	112.56	105.39
55	146.16	135.22	127.67	123.49	112.98
56	157.90	149.93	138.99	131.44	123.87
57	175.57	161.27	153.29	145.71	138.17
58	177.62	169.66	158.31	150.75	139.81
59	192.34	180.98	169.66	158.73	150.75
60	201.11	192.72	178.04	170.05	159.13
61	216.22	201.53	189.76	178.44	170.49
62	228.42	216.65	201.53	190.20	178.86
63	248.55	233.44	217.87	206.13	191.43
64	268.66	249.77	234.26	222.51	207.38
65	292.58	270.33	254.39	242.23	223.74
66	310.60	294.24	271.56	256.04	240.52
67	335.34	315.64	292.51	276.57	260.62
68	360.91	337.41	313.90	294.62	274.87
69	387.30	360.03	336.10	316.39	296.26
70	411.17	383.45	355.78	332.27	311.72
71	432.47	407.31	375.85	351.90	330.96
72	461.34	429.03	400.10	375.37	351.04
73	490.21	457.10	424.40	399.23	370.70
74	516.56	479.68	446.12	417.17	388.25
75	541.17	503.43	469.07	439.31	409.56
76	569.99	531.44	492.89	459.35	428.74
77	599.65	556.87	517.50	483.13	451.71
78	640.20	596.20	552.65	514.07	481.85
79	679.04	633.82	585.65	549.21	509.83
80	728.42	675.62	626.21	585.59	544.96
81	776.92	722.47	668.43	623.61	578.39
82	823.67	764.64	708.93	659.51	616.43
83	872.51	811.79	751.10	703.39	649.36
84	926.35	860.65	794.90	739.24	686.91

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Compound Benefit Option

2,920 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$53.31	$52.91	$49.11	$48.73	$41.99
35-39	74.33	70.56	66.79	63.01	59.63
40-44	95.77	91.98	84.86	81.08	77.28
45-49	121.84	114.28	107.11	103.34	96.18
50	130.22	123.05	115.49	108.36	104.18
51	134.39	126.83	119.29	112.13	107.93
52	138.59	131.05	123.49	116.33	112.13
53	152.88	141.94	134.39	130.22	119.72
54	164.63	156.66	145.71	138.17	131.05
55	175.95	168.00	157.07	149.52	141.94
56	194.04	183.12	171.78	164.21	153.29
57	209.15	197.81	186.49	175.57	168.00
58	224.27	212.92	198.24	187.31	179.33
59	236.41	224.67	209.96	198.62	187.70
60	245.63	233.89	218.76	207.44	196.12
61	270.88	252.35	237.25	225.92	211.22
62	280.48	262.02	246.45	234.71	220.02
63	307.35	288.45	269.57	254.45	239.34
64	331.68	309.40	290.11	271.61	259.44
65	353.46	333.73	311.06	292.17	276.63
66	385.36	361.85	338.75	319.44	300.54
67	417.65	390.76	363.92	341.26	324.89
68	447.79	417.18	389.89	366.82	346.69
69	472.51	444.38	413.33	389.82	365.93
70	510.64	475.81	443.93	416.65	392.29
71	536.99	504.69	469.04	444.28	413.21
72	571.32	534.79	498.32	469.78	437.90
73	608.14	567.89	530.54	498.26	468.91
74	643.28	601.75	560.67	527.55	494.42
75	676.28	633.94	588.67	554.69	517.39
76	714.31	667.79	621.28	583.12	544.97
77	753.17	705.40	654.68	615.70	573.34
78	805.88	750.58	698.61	655.45	608.88
79	860.69	800.77	744.20	699.82	649.04
80	917.15	855.56	794.38	742.41	693.40
81	978.60	912.44	846.23	793.00	739.39
82	1039.19	967.97	896.78	841.93	780.74
83	1105.22	1028.97	955.70	892.88	833.02
84	1174.12	1092.46	1013.72	945.90	884.38

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Compound Benefit Option

Unlimited Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$67.60	$63.83	$60.05	$59.63	$52.91
35-39	91.98	84.86	81.08	77.28	73.51
40-44	114.28	110.08	102.92	99.14	95.37
45-49	146.64	139.48	131.90	124.77	117.64
50	155.83	148.27	140.72	133.57	129.40
51	163.40	152.46	144.90	137.78	133.57
52	167.58	160.01	149.10	144.90	134.39
53	179.33	171.36	160.46	152.88	145.71
54	197.42	186.07	175.14	167.58	160.01
55	215.47	201.18	189.85	182.30	171.36
56	230.99	216.30	204.97	194.04	183.12
57	249.48	234.77	220.08	209.15	201.18
58	265.00	249.89	235.19	223.85	212.92
59	277.60	262.46	247.34	236.02	224.67
60	296.49	281.39	262.90	248.19	236.86
61	315.79	293.95	278.43	263.72	251.98
62	332.15	313.27	294.36	279.27	267.49
63	356.47	334.21	314.92	299.80	284.25
64	381.65	361.93	339.25	323.70	304.82
65	416.87	390.44	367.33	348.45	329.12
66	446.23	419.36	392.50	373.19	350.49
67	482.73	452.06	424.79	401.70	382.01
68	513.72	482.67	451.61	428.10	404.60
69	548.92	520.39	485.56	461.65	434.35
70	584.93	546.33	514.01	486.32	458.63
71	622.60	586.10	546.66	515.20	486.68
72	664.03	623.79	583.52	551.21	518.92
73	699.19	654.72	613.63	577.56	544.43
74	735.15	689.86	644.56	607.66	570.73
75	778.67	732.53	683.07	645.35	604.67
76	817.55	770.15	716.48	677.95	633.09
77	860.99	806.08	751.16	708.41	662.28
78	914.96	855.45	799.27	752.34	705.40
79	970.17	909.42	848.63	797.49	745.98
80	1033.76	965.02	899.66	847.31	794.53
81	1099.44	1026.09	955.70	898.70	841.32
82	1161.25	1082.49	1010.46	948.86	886.85
83	1231.04	1150.61	1070.18	1006.96	940.35
84	1307.09	1217.89	1135.38	1067.13	995.48

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount

No Inflation Option

365 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	4.04	4.04	3.51	3.51	2.96
19	4.31	4.31	3.75	3.75	3.23
20	4.31	4.31	3.75	3.75	3.23
21	4.58	4.58	4.04	4.04	3.51
22	4.83	4.83	4.31	4.31	3.51
23	5.12	5.12	4.31	4.31	3.75
24	5.37	5.37	4.58	4.58	4.04
25	5.37	5.37	4.83	4.83	4.04
26	5.64	5.64	5.12	5.12	4.31
27	5.90	5.90	5.12	5.12	4.58
28	6.18	6.18	5.37	5.37	4.58
29	6.44	6.44	5.64	5.64	4.83
30	6.71	6.71	5.90	5.90	5.12
31	7.26	7.26	6.18	6.18	5.37
32	7.51	7.51	6.44	6.44	5.64
33	7.79	7.79	6.71	6.71	5.90
34	8.06	8.06	7.26	7.26	6.18
35	9.67	9.67	8.59	7.51	7.51
36	9.94	9.94	8.87	7.79	7.79
37	10.48	10.48	9.41	8.06	8.06
38	11.02	11.02	9.67	8.59	8.59
39	11.54	11.54	10.21	8.87	8.87
40	14.77	13.42	12.10	10.73	10.73
41	15.57	14.24	12.62	11.27	11.27
42	16.38	14.77	13.42	11.81	11.81
43	17.17	15.57	13.96	12.34	12.34
44	18.00	16.38	14.77	13.16	13.16
45	20.68	18.79	17.17	15.32	15.32
46	21.75	19.87	18.00	16.11	16.11
47	22.83	20.94	19.08	16.92	16.92
48	23.91	22.01	19.87	18.00	18.00
49	25.23	23.07	20.94	18.79	18.79
50	26.58	23.63	23.63	20.68	17.71
51	26.58	23.63	20.68	20.68	17.71
52	26.58	26.58	23.63	20.68	20.68
53	26.58	26.58	23.63	20.68	20.68
54	29.52	26.58	26.58	23.63	20.68
55	29.52	29.52	26.58	23.63	23.63
56	32.49	29.52	29.52	26.58	23.63
57	35.44	32.49	29.52	26.58	26.58
58	35.44	32.49	29.52	29.52	26.58
59	38.39	35.44	32.49	29.52	26.58
60	41.34	38.39	35.44	32.49	29.52
61	41.34	38.39	35.44	32.49	29.52
62	44.29	41.34	38.39	35.44	32.49
63	47.25	44.29	38.39	35.44	32.49
64	50.21	47.25	44.29	38.39	35.44
65	53.15	50.21	44.29	41.34	38.39
66	56.11	53.15	47.25	44.29	41.34
67	62.02	56.11	53.15	47.25	44.29
68	64.95	59.06	56.11	50.21	47.25
69	67.92	62.02	56.11	53.15	50.21
70	73.83	67.92	62.02	56.11	50.21
71	76.76	67.92	64.95	59.06	53.15
72	79.73	73.83	67.92	62.02	56.11
73	82.66	76.76	70.85	64.95	59.06
74	88.57	79.73	73.83	67.92	62.02
75	88.57	82.66	76.76	70.85	62.02
76	91.53	85.62	76.76	70.85	64.95
77	94.47	88.57	79.73	73.83	67.92
78	97.43	88.57	82.66	76.76	67.92
79	100.39	91.53	85.62	76.76	70.85
80	103.34	94.47	85.62	79.73	70.85
81	106.29	97.43	88.57	79.73	73.83
82	106.29	97.43	88.57	82.66	73.83
83	109.24	100.39	91.53	82.66	76.76
84	109.24	100.39	91.53	82.66	76.76

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount

No Inflation Option

730 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	5.12	5.12	4.58	4.04	4.04
19	5.37	5.37	4.83	4.31	4.31
20	5.64	5.64	5.12	4.31	4.31
21	5.90	5.90	5.12	4.58	4.58
22	6.18	6.18	5.37	4.83	4.83
23	6.44	6.44	5.64	5.12	5.12
24	6.71	6.71	5.90	5.37	5.37
25	6.98	6.98	6.18	5.37	5.37
26	7.26	7.26	6.44	5.64	5.64
27	7.51	7.51	6.71	5.90	5.90
28	7.79	7.79	6.98	6.18	6.18
29	8.33	8.33	7.26	6.44	6.44
30	8.59	8.59	7.79	6.71	6.71
31	8.87	8.87	8.06	7.26	7.26
32	9.41	9.41	8.33	7.51	7.51
33	9.67	9.67	8.87	7.79	7.79
34	10.21	10.21	9.13	8.06	8.06
35	12.89	11.81	10.73	9.67	9.67
36	13.42	12.34	11.27	9.94	9.94
37	13.96	12.89	11.81	10.48	10.48
38	14.77	13.42	12.34	11.02	11.02
39	15.57	14.24	12.89	11.54	11.54
40	17.46	16.11	14.77	13.42	13.42
41	18.52	16.92	15.57	14.24	14.24
42	19.32	17.71	16.38	14.77	14.77
43	20.14	18.79	17.17	15.57	15.57
44	21.21	19.60	18.00	16.38	16.38
45	25.77	24.15	22.29	20.68	18.79
46	27.11	25.23	23.36	21.75	19.87
47	28.46	26.58	24.69	22.83	20.94
48	30.06	27.90	26.06	23.91	22.01
49	31.68	29.52	27.38	25.23	23.07
50	35.44	32.49	29.52	29.52	26.58
51	38.39	35.44	32.49	29.52	29.52
52	38.39	32.49	32.49	29.52	26.58
53	41.34	38.39	35.44	32.49	32.49
54	41.34	41.34	35.44	35.44	32.49
55	44.29	41.34	38.39	35.44	32.49
56	50.21	44.29	41.34	38.39	35.44
57	53.15	47.25	44.29	41.34	38.39
58	53.15	50.21	44.29	41.34	38.39
59	59.06	53.15	50.21	47.25	41.34
60	59.06	56.11	53.15	47.25	44.29
61	62.02	59.06	53.15	50.21	47.25
62	67.92	62.02	56.11	53.15	50.21
63	73.83	67.92	62.02	56.11	53.15
64	76.76	70.85	64.95	62.02	56.11
65	82.66	76.76	70.85	64.95	59.06
66	88.57	82.66	76.76	70.85	64.95
67	94.47	88.57	79.73	73.83	67.92
68	103.34	94.47	85.62	79.73	73.83
69	106.29	97.43	91.53	85.62	76.76
70	112.19	106.29	97.43	88.57	82.66
71	121.05	112.19	103.34	94.47	88.57
72	129.91	118.10	109.24	100.39	91.53
73	132.87	124.00	112.19	103.34	94.47
74	138.78	126.97	118.10	109.24	100.39
75	144.68	132.87	121.05	112.19	103.34
76	147.62	135.81	124.00	115.16	106.29
77	150.58	138.78	126.97	118.10	106.29
78	156.49	144.68	132.87	121.05	112.19
79	162.39	147.62	135.81	124.00	115.16
80	165.35	153.54	138.78	129.91	118.10
81	171.25	156.49	141.72	132.87	121.05
82	174.20	159.44	144.68	135.81	124.00
83	177.15	162.39	147.62	135.81	124.00
84	180.12	165.35	150.58	138.78	126.97

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount

No Inflation Option

1,095 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	5.64	5.64	5.12	4.58	4.58
19	5.90	5.90	5.37	4.83	4.83
20	6.18	6.18	5.64	5.12	5.12
21	6.44	6.44	5.90	5.12	5.12
22	6.71	6.71	6.18	5.37	5.37
23	6.98	6.98	6.44	5.64	5.64
24	7.26	7.26	6.71	5.90	5.90
25	7.51	7.51	6.98	6.18	6.18
26	8.06	8.06	7.26	6.44	6.44
27	8.33	8.33	7.51	6.71	6.71
28	8.59	8.59	7.79	6.98	6.98
29	9.13	9.13	8.33	7.26	7.26
30	9.41	9.41	8.59	7.79	7.79
31	9.94	9.94	8.87	8.06	8.06
32	10.21	10.21	9.41	8.33	8.33
33	10.73	10.73	9.67	8.87	8.87
34	11.27	11.27	10.21	9.13	9.13
35	15.04	13.96	12.89	11.81	11.81
36	15.85	14.49	13.42	12.34	12.34
37	16.38	15.32	13.96	12.89	12.89
38	17.17	16.11	14.77	13.42	13.42
39	18.00	16.65	15.57	14.24	14.24
40	20.40	18.79	17.46	16.11	16.11
41	21.21	19.87	18.52	16.92	16.92
42	22.29	20.68	19.32	17.71	17.71
43	23.36	21.75	20.14	18.79	18.79
44	24.44	22.83	21.21	19.60	19.60
45	30.89	29.27	27.38	25.77	24.15
46	32.49	30.60	28.98	27.11	25.23
47	34.09	32.21	30.33	28.46	26.58
48	35.96	34.09	31.94	30.06	27.90
49	37.85	35.71	33.82	31.68	29.52
50	44.29	41.34	38.39	35.44	35.44
51	44.29	41.34	38.39	35.44	35.44
52	47.25	41.34	41.34	38.39	35.44
53	50.21	47.25	44.29	41.34	38.39
54	53.15	50.21	47.25	44.29	41.34
55	56.11	53.15	50.21	47.25	44.29
56	59.06	56.11	53.15	50.21	47.25
57	62.02	59.06	56.11	53.15	50.21
58	67.92	62.02	59.06	53.15	50.21
59	70.85	67.92	62.02	59.06	56.11
60	76.76	70.85	64.95	62.02	59.06
61	79.73	73.83	67.92	64.95	62.02
62	82.66	76.76	73.83	67.92	64.95
63	88.57	82.66	76.76	73.83	67.92
64	97.43	91.53	85.62	79.73	73.83
65	103.34	97.43	88.57	82.66	79.73
66	112.19	103.34	97.43	91.53	85.62
67	121.05	112.19	103.34	97.43	91.53
68	126.97	121.05	112.19	103.34	97.43
69	135.81	126.97	118.10	109.24	103.34
70	144.68	135.81	124.00	118.10	109.24
71	153.54	141.72	132.87	124.00	115.16
72	165.35	153.54	141.72	132.87	124.00
73	171.25	159.44	147.62	135.81	126.97
74	177.15	165.35	153.54	141.72	132.87
75	183.05	171.25	156.49	147.62	135.81
76	188.95	174.20	162.39	150.58	141.72
77	191.93	180.12	165.35	153.54	144.68
78	200.76	186.02	171.25	159.44	147.62
79	206.67	191.93	177.15	165.35	153.54
80	215.53	197.83	183.05	171.25	159.44
81	221.44	203.72	188.95	174.20	162.39
82	224.38	209.63	191.93	180.12	165.35
83	230.28	212.57	197.83	183.05	168.30
84	233.25	215.53	200.76	186.02	171.25

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount

No Inflation Option

1,825 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	7.26	6.71	6.18	5.64	5.64
19	7.51	6.98	6.44	5.90	5.90
20	7.79	7.26	6.71	6.18	6.18
21	8.06	7.51	6.98	6.44	6.44
22	8.59	7.79	7.26	6.71	6.71
23	8.87	8.33	7.51	6.98	6.98
24	9.41	8.59	8.06	7.26	7.26
25	9.67	8.87	8.33	7.51	7.51
26	10.21	9.41	8.59	8.06	8.06
27	10.48	9.94	9.13	8.33	8.33
28	11.02	10.21	9.41	8.59	8.59
29	11.54	10.73	9.94	9.13	9.13
30	12.10	11.27	10.21	9.41	9.41
31	12.62	11.54	10.73	9.94	9.94
32	13.16	12.10	11.27	10.21	10.21
33	13.70	12.62	11.81	10.73	10.73
34	14.49	13.42	12.34	11.27	11.27
35	17.17	16.11	15.04	13.96	13.96
36	18.00	16.92	15.85	14.49	14.49
37	18.79	17.71	16.38	15.32	15.32
38	19.60	18.52	17.17	16.11	16.11
39	20.68	19.32	18.00	16.65	16.65
40	24.44	23.07	21.75	20.40	18.79
41	25.50	24.15	22.55	21.21	19.87
42	26.85	25.23	23.91	22.29	20.68
43	28.19	26.58	24.98	23.36	21.75
44	29.52	27.90	26.30	24.44	22.83
45	39.47	36.25	34.36	32.74	30.89
46	41.62	37.85	36.25	34.36	32.49
47	43.75	40.00	38.11	36.25	34.09
48	46.17	42.15	40.00	38.11	35.96
49	48.59	44.29	42.15	40.00	37.85
50	53.15	50.21	47.25	44.29	41.34
51	53.15	53.15	47.25	47.25	44.29
52	56.11	53.15	50.21	47.25	44.29
53	62.02	56.11	53.15	50.21	47.25
54	64.95	62.02	59.06	53.15	53.15
55	67.92	64.95	62.02	56.11	56.11
56	73.83	70.85	64.95	62.02	59.06
57	76.76	73.83	67.92	64.95	62.02
58	85.62	79.73	73.83	70.85	67.92
59	88.57	82.66	76.76	73.83	67.92
60	94.47	88.57	82.66	76.76	73.83
61	100.39	94.47	88.57	82.66	76.76
62	106.29	97.43	91.53	88.57	82.66
63	115.16	109.24	100.39	94.47	88.57
64	121.05	115.16	106.29	100.39	94.47
65	129.91	124.00	115.16	106.29	100.39
66	141.72	132.87	124.00	115.16	109.24
67	150.58	141.72	132.87	124.00	115.16
68	162.39	150.58	141.72	132.87	124.00
69	174.20	162.39	150.58	141.72	132.87
70	186.02	174.20	162.39	153.54	141.72
71	197.83	186.02	174.20	162.39	150.58
72	212.57	197.83	183.05	171.25	162.39
73	221.44	206.67	191.93	180.12	165.35
74	227.34	212.57	197.83	186.02	174.20
75	236.20	221.44	206.67	191.93	180.12
76	245.07	227.34	212.57	197.83	186.02
77	250.97	233.25	218.48	203.72	188.95
78	262.78	242.10	224.38	212.57	194.86
79	271.63	253.91	233.25	218.48	203.72
80	280.49	259.82	242.10	224.38	209.63
81	289.35	268.68	248.01	233.25	215.53
82	298.22	277.53	256.86	239.15	221.44
83	304.11	283.43	259.82	242.10	227.34
84	310.03	286.40	265.72	248.01	230.28

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

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BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount

No Inflation Option

2,920 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	7.79	7.26	6.71	6.18	6.18
19	8.06	7.51	6.98	6.44	6.44
20	8.33	7.79	7.26	6.71	6.71
21	8.87	8.06	7.51	6.98	6.98
22	9.13	8.59	7.79	7.26	7.26
23	9.67	8.87	8.33	7.51	7.51
24	9.94	9.41	8.59	8.06	8.06
25	10.48	9.67	8.87	8.33	8.33
26	10.73	10.21	9.41	8.59	8.59
27	11.27	10.48	9.94	9.13	9.13
28	11.81	11.02	10.21	9.41	9.41
29	12.34	11.54	10.73	9.94	9.94
30	12.89	12.10	11.27	10.21	10.21
31	13.42	12.62	11.54	10.73	10.73
32	14.24	13.16	12.10	11.27	11.27
33	14.77	13.70	12.62	11.81	11.81
34	15.32	14.49	13.42	12.34	12.34
35	18.25	17.17	16.11	15.04	15.04
36	19.08	18.00	16.92	15.85	15.85
37	20.14	18.79	17.71	16.38	16.38
38	20.94	19.60	18.52	17.17	17.17
39	22.01	20.68	19.32	18.00	18.00
40	27.11	25.77	24.44	23.07	21.75
41	28.46	26.85	25.50	24.15	22.55
42	29.81	28.19	26.85	25.23	23.91
43	31.13	29.52	28.19	26.58	24.98
44	32.74	31.13	29.52	27.90	26.30
45	44.83	41.34	39.47	37.85	36.25
46	46.98	43.47	41.62	39.72	37.85
47	49.38	45.63	43.75	41.86	40.00
48	52.07	48.06	46.17	44.02	42.15
49	54.76	50.73	48.59	46.45	44.29
50	62.02	59.06	56.11	53.15	47.25
51	64.95	59.06	56.11	53.15	50.21
52	67.92	64.95	59.06	59.06	53.15
53	70.85	67.92	62.02	59.06	56.11
54	76.76	70.85	67.92	64.95	62.02
55	82.66	76.76	73.83	67.92	64.95
56	85.62	82.66	76.76	73.83	70.85
57	91.53	88.57	82.66	76.76	73.83
58	97.43	91.53	85.62	82.66	76.76
59	103.34	97.43	91.53	85.62	82.66
60	112.19	106.29	97.43	94.47	88.57
61	115.16	109.24	103.34	97.43	91.53
62	124.00	118.10	109.24	103.34	97.43
63	132.87	124.00	118.10	112.19	103.34
64	144.68	135.81	126.97	121.05	112.19
65	156.49	144.68	135.81	129.91	121.05
66	168.30	156.49	147.62	138.78	129.91
67	180.12	168.30	156.49	147.62	138.78
68	191.93	180.12	168.30	159.44	150.58
69	206.67	194.86	180.12	171.25	159.44
70	221.44	206.67	191.93	183.05	171.25
71	236.20	221.44	206.67	194.86	183.05
72	253.91	236.20	221.44	206.67	194.86
73	262.78	245.07	227.34	215.53	200.76
74	271.63	253.91	236.20	221.44	209.63
75	283.43	262.78	245.07	230.28	215.53
76	292.30	271.63	253.91	239.15	221.44
77	298.22	277.53	259.82	242.10	227.34
78	310.03	289.35	268.68	253.91	236.20
79	321.81	301.14	280.49	262.78	245.07
80	333.63	310.03	289.35	271.63	250.97
81	342.48	318.86	298.22	277.53	259.82
82	351.35	327.73	304.11	286.40	265.72
83	360.19	336.57	312.96	292.30	271.63
84	366.11	342.48	315.93	295.25	274.59

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

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BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount

No Inflation Option

Unlimited Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	8.87	8.33	7.79	7.26	7.26
19	9.13	8.59	8.06	7.51	7.51
20	9.67	8.87	8.33	7.79	7.79
21	9.94	9.41	8.87	8.06	8.06
22	10.48	9.67	9.13	8.59	8.59
23	10.73	10.21	9.67	8.87	8.87
24	11.27	10.73	9.94	9.41	9.41
25	11.81	11.02	10.48	9.67	9.67
26	12.34	11.54	10.73	10.21	10.21
27	12.89	12.10	11.27	10.48	10.48
28	13.42	12.62	11.81	11.02	11.02
29	13.96	13.16	12.34	11.54	11.54
30	14.77	13.70	12.89	12.10	12.10
31	15.32	14.49	13.42	12.62	12.62
32	16.11	15.04	14.24	13.16	13.16
33	16.65	15.85	14.77	13.70	13.70
34	17.46	16.38	15.32	14.49	14.49
35	20.40	19.32	18.25	17.17	16.11
36	21.48	20.14	19.08	18.00	16.92
37	22.29	21.21	20.14	18.79	17.71
38	23.36	22.29	20.94	19.60	18.52
39	24.44	23.36	22.01	20.68	19.32
40	32.49	29.81	28.46	27.11	25.77
41	34.09	31.13	29.81	28.46	26.85
42	35.71	32.74	31.13	29.81	28.19
43	37.58	34.36	32.74	31.13	29.52
44	39.47	35.96	34.36	32.74	31.13
45	49.92	48.32	44.83	42.94	41.34
46	52.61	50.73	46.98	45.37	43.47
47	55.28	53.42	49.38	47.52	45.63
48	57.98	56.11	52.07	49.92	48.06
49	61.20	59.06	54.76	52.61	50.73
50	70.85	67.92	62.02	62.02	56.11
51	73.83	70.85	64.95	64.95	59.06
52	76.76	73.83	70.85	64.95	64.95
53	85.62	79.73	73.83	70.85	67.92
54	88.57	82.66	79.73	76.76	70.85
55	94.47	88.57	82.66	79.73	76.76
56	100.39	97.43	91.53	85.62	82.66
57	106.29	103.34	97.43	91.53	88.57
58	115.16	106.29	100.39	97.43	91.53
59	121.05	115.16	109.24	103.34	97.43
60	126.97	121.05	115.16	109.24	103.34
61	135.81	126.97	121.05	115.16	109.24
62	141.72	135.81	126.97	121.05	112.19
63	153.54	144.68	135.81	129.91	121.05
64	168.30	156.49	147.62	138.78	132.87
65	177.15	168.30	156.49	150.58	141.72
66	191.93	180.12	168.30	159.44	153.54
67	203.72	191.93	180.12	171.25	162.39
68	218.48	206.67	194.86	183.05	171.25
69	236.20	221.44	206.67	194.86	183.05
70	250.97	236.20	221.44	209.63	197.83
71	268.68	250.97	236.20	221.44	209.63
72	283.43	265.72	250.97	236.20	221.44
73	295.25	277.53	259.82	245.07	230.28
74	307.04	286.40	268.68	250.97	236.20
75	312.96	295.25	274.59	259.82	245.07
76	321.81	301.14	283.43	265.72	250.97
77	330.67	310.03	289.35	271.63	253.91
78	342.48	318.86	298.22	280.49	262.78
79	351.35	330.67	307.04	289.35	271.63
80	363.16	339.54	315.93	298.22	277.53
81	372.01	348.38	324.77	304.11	286.40
82	380.88	357.25	330.67	312.96	292.30
83	386.78	363.16	336.57	315.93	295.25
84	392.69	366.11	342.48	321.81	298.22

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Compound Inflation Only

365 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	3.60	3.00	2.93	2.31	2.24
19	3.65	3.04	2.97	2.35	2.28
20	3.97	3.36	3.29	2.67	2.61
21	4.02	3.42	3.32	2.70	2.31
22	4.05	3.44	3.36	2.74	2.63
23	4.40	3.48	3.65	3.04	2.67
24	4.44	3.81	3.70	3.09	2.70
25	4.75	4.13	3.73	3.12	3.00
26	5.08	4.17	4.09	3.16	3.04
27	5.43	4.52	4.40	3.48	3.09
28	5.47	4.56	4.44	3.52	3.42
29	5.79	4.89	4.79	3.85	3.44
30	6.17	4.94	4.83	3.89	3.77
31	5.91	5.01	5.16	3.93	3.81
32	6.28	5.33	5.17	4.27	3.85
33	6.60	5.68	5.54	4.32	4.21
34	7.26	6.03	5.60	4.39	4.25
35	8.68	7.48	7.33	7.18	5.95
36	9.36	8.14	7.67	7.53	6.32
37	9.75	8.21	8.05	7.87	6.64
38	10.11	8.61	8.68	8.26	6.71
39	10.50	8.95	8.76	8.88	7.36
40	13.08	11.38	11.19	10.71	9.17
41	13.53	11.49	11.56	11.35	9.84
42	14.24	12.47	11.97	11.75	10.21
43	14.97	12.91	12.68	12.45	10.61
44	15.69	13.64	13.08	12.87	11.04
45	20.66	20.39	18.01	18.06	14.09
46	21.41	21.45	19.05	18.78	14.82
47	22.77	22.50	19.80	19.85	15.54
48	24.12	23.60	21.14	20.88	16.31
49	25.27	24.96	22.22	21.92	17.33
50	23.92	23.50	20.14	19.74	19.32
51	27.31	26.89	26.49	23.10	22.68
52	27.31	23.92	23.50	23.10	16.36
53	30.66	23.92	23.50	23.10	19.74
54	31.08	27.31	23.92	23.50	23.10
55	34.45	27.73	27.31	26.89	23.50
56	34.86	31.08	27.73	27.31	26.89
57	35.26	34.86	31.08	30.66	27.31
58	38.62	38.22	34.45	31.08	30.66
59	39.04	38.62	34.86	34.45	30.66
60	39.46	35.68	31.89	31.48	31.08
61	42.84	39.04	35.26	31.48	31.08
62	43.25	36.10	35.68	31.89	28.13
63	43.65	39.88	39.04	38.62	34.86
64	47.41	40.27	36.52	35.68	35.26
65	47.83	44.06	39.88	36.10	32.31
66	48.25	44.48	40.27	39.88	36.10
67	49.07	48.25	41.11	36.91	36.52
68	49.48	45.31	41.53	40.69	33.53
69	53.28	49.07	44.90	41.11	33.95
70	50.72	46.56	42.35	41.53	37.33
71	51.14	49.91	42.75	38.57	37.75
72	51.56	47.37	43.19	38.99	38.16
73	51.98	44.42	40.24	39.39	35.19
74	49.44	44.83	40.64	36.45	35.61
75	49.44	45.25	41.05	36.87	35.61
76	49.86	42.30	41.05	36.87	32.67
77	46.90	39.33	38.10	33.91	29.71
78	47.32	42.70	38.52	34.33	33.10
79	44.35	43.12	35.57	34.33	30.13
80	44.77	40.16	35.57	31.36	30.13
81	41.81	37.23	35.98	34.75	30.52
82	41.81	37.23	35.98	31.78	30.52
83	38.89	37.62	33.01	31.78	27.58
84	38.89	34.24	33.01	31.78	24.21

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Compound Inflation Only

730 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	5.00	4.40	4.33	4.24	3.60
19	5.04	4.44	4.36	4.28	3.65
20	5.39	4.48	4.40	4.59	3.97
21	5.43	4.83	5.00	4.64	4.02
22	5.78	4.87	5.04	4.95	4.05
23	5.79	5.17	5.39	5.00	4.40
24	6.17	5.54	5.43	5.35	4.44
25	6.48	5.56	5.78	5.66	4.75
26	6.84	5.91	5.79	6.02	5.08
27	7.18	6.28	6.17	6.06	5.43
28	7.53	6.60	6.48	6.39	5.47
29	7.61	6.68	6.84	6.72	5.79
30	8.26	7.03	6.93	7.07	6.17
31	8.56	7.67	7.26	7.14	5.91
32	8.96	7.75	7.91	7.49	6.28
33	9.30	8.41	7.97	7.83	6.60
34	9.71	8.49	8.34	8.46	7.26
35	12.83	11.43	11.30	11.14	9.91
36	13.51	12.14	11.66	11.81	10.60
37	14.20	12.53	12.37	12.49	10.98
38	14.90	13.22	13.07	12.89	11.34
39	15.35	13.62	13.76	13.57	12.03
40	22.64	20.93	19.21	19.02	15.94
41	23.71	21.95	19.94	19.74	16.38
42	24.75	23.00	20.97	20.74	17.36
43	26.10	24.06	21.98	21.76	18.10
44	27.45	25.39	23.04	22.82	19.13
45	35.14	32.76	30.66	28.31	26.22
46	36.86	34.75	32.33	29.98	27.58
47	38.85	36.48	33.78	31.36	28.96
48	40.64	38.18	35.45	33.03	30.62
49	42.97	40.26	37.50	34.75	32.29
50	42.00	38.22	37.81	34.45	30.66
51	42.42	38.62	34.86	34.45	31.08
52	42.42	41.59	38.22	37.81	34.03
53	42.84	42.42	38.62	38.22	31.48
54	52.92	46.18	45.35	38.62	34.86
55	53.34	49.56	45.77	42.00	41.59
56	54.15	53.34	49.56	45.77	42.00
57	57.94	57.11	49.98	46.18	42.42
58	61.29	57.52	53.34	52.92	49.14
59	65.49	61.29	54.15	50.37	49.56
60	65.49	61.71	54.57	53.73	46.60
61	69.27	65.49	61.29	54.15	50.37
62	70.11	65.91	61.71	57.94	50.79
63	74.29	66.74	62.53	58.36	54.57
64	78.07	70.52	66.31	59.18	54.99
65	78.91	71.33	67.16	62.94	58.77
66	83.09	75.55	67.97	63.79	59.59
67	83.93	79.72	71.75	67.55	63.37
68	85.16	77.19	72.58	68.39	60.83
69	88.91	80.97	73.40	69.21	64.60
70	89.75	78.84	74.24	69.62	62.09
71	87.66	79.68	75.05	70.46	62.90
72	85.51	80.50	75.90	71.27	63.32
73	85.93	77.96	72.94	68.31	63.73
74	86.74	81.73	70.39	65.81	61.17
75	84.21	75.83	70.81	62.84	58.23
76	81.26	76.25	67.88	63.25	55.27
77	78.33	73.26	64.89	60.30	58.64
78	79.14	70.75	65.73	60.72	56.11
79	76.60	71.17	66.15	61.14	53.16
80	76.99	68.62	66.54	58.58	53.58
81	74.48	69.04	63.60	55.65	54.00
82	74.90	69.46	64.02	56.07	51.04
83	71.94	66.51	61.06	56.07	51.04
84	68.97	63.53	58.14	53.08	48.07

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Compound Inflation Only

1,095 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	7.24	6.30	6.22	6.16	5.55
19	7.57	6.35	6.26	6.18	5.58
20	7.94	6.71	6.63	6.55	5.94
21	8.22	7.02	6.97	6.84	6.22
22	8.60	7.38	7.01	7.20	6.59
23	8.92	7.71	7.33	7.53	6.63
24	9.57	8.07	7.68	7.90	6.97
25	9.94	8.38	8.03	8.21	7.32
26	10.33	8.46	8.34	8.55	7.63
27	10.68	8.83	9.00	8.90	8.01
28	11.30	9.48	9.37	9.25	8.30
29	11.69	9.84	9.45	9.57	8.67
30	12.33	10.19	10.08	9.98	9.05
31	12.74	10.60	10.73	10.33	9.41
32	13.38	11.22	11.10	10.96	10.06
33	14.08	11.61	11.76	11.33	10.11
34	14.40	12.29	12.15	12.00	10.79
35	16.81	16.66	15.27	15.11	12.66
36	17.52	17.64	16.27	15.80	13.37
37	18.52	18.37	16.97	16.82	14.05
38	19.55	19.09	17.67	17.48	14.72
39	20.28	20.07	18.41	18.21	15.15
40	29.16	27.72	25.70	23.99	22.45
41	30.51	28.81	26.77	25.35	23.49
42	32.18	30.15	28.12	26.35	24.83
43	33.57	31.82	29.77	27.43	25.61
44	35.55	33.18	31.13	29.04	27.22
45	47.76	43.58	41.47	39.10	36.75
46	50.14	45.90	43.24	41.12	38.75
47	52.84	48.28	45.56	43.15	40.77
48	55.54	50.37	47.93	45.21	42.77
49	58.54	53.35	50.31	47.57	45.14
50	53.34	49.56	45.77	45.35	42.00
51	53.34	52.92	49.14	48.72	42.00
52	57.11	56.30	49.56	49.14	45.35
53	60.87	57.11	53.34	49.56	45.77
54	64.67	57.52	53.73	49.98	49.56
55	68.45	64.67	57.52	53.73	49.98
56	75.59	68.45	61.29	60.87	57.11
57	79.38	75.59	68.45	64.67	60.87
58	80.22	79.38	72.23	68.03	64.25
59	87.37	80.22	76.01	68.85	65.08
60	88.18	80.64	76.41	72.64	65.49
61	88.60	84.36	80.22	73.05	69.27
62	95.74	91.53	81.03	76.84	73.05
63	99.90	95.74	88.18	81.03	76.84
64	101.16	93.60	86.02	81.86	77.65
65	105.35	97.81	93.18	85.62	78.49
66	109.96	105.35	94.43	90.25	82.69
67	111.20	106.61	98.62	91.08	86.85
68	115.37	104.46	96.50	91.89	84.35
69	116.63	108.66	100.70	96.09	88.49
70	117.86	109.92	104.88	93.97	89.34
71	122.46	114.08	102.76	98.16	90.15
72	120.74	112.39	103.99	96.04	88.07
73	118.22	109.84	101.45	96.46	88.47
74	115.71	107.30	98.93	93.87	85.93
75	113.13	104.76	99.35	91.37	86.35
76	110.62	105.18	96.78	91.80	80.42
77	111.01	99.24	93.84	88.82	80.84
78	108.89	100.08	94.68	86.29	81.26
79	109.71	100.89	92.14	87.10	78.72
80	107.62	101.74	92.95	84.56	76.18
81	105.03	99.23	90.42	84.98	76.60
82	105.45	96.67	90.81	82.43	76.99
83	102.94	97.09	88.29	82.85	77.41
84	99.97	94.15	85.33	79.89	74.48

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Compound Inflation Only

1,825 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	8.07	8.01	7.32	7.24	6.63
19	8.38	8.30	7.63	7.57	6.97
20	9.05	8.96	8.01	7.94	7.32
21	9.41	9.33	8.30	8.22	7.63
22	9.48	9.65	8.96	8.60	8.01
23	10.11	10.06	9.33	8.92	8.30
24	10.50	10.40	9.41	9.57	8.67
25	10.85	11.02	10.06	9.94	9.00
26	11.22	11.41	10.40	10.33	9.41
27	12.19	11.81	10.79	10.68	9.73
28	12.57	12.45	11.41	11.30	10.40
29	12.96	12.85	11.81	11.69	10.79
30	13.64	13.20	12.45	12.33	11.41
31	14.01	14.19	12.85	12.74	11.81
32	14.69	14.85	13.51	13.38	12.45
33	15.36	15.55	13.89	14.08	12.85
34	16.11	15.94	14.57	14.40	13.51
35	23.52	22.15	20.78	20.32	17.87
36	24.56	22.90	21.52	21.61	18.87
37	25.61	23.91	22.82	22.34	19.62
38	26.92	25.25	23.52	23.37	20.61
39	27.99	26.30	24.87	24.66	21.61
40	38.91	35.65	33.97	32.24	30.79
41	40.88	37.37	35.91	33.89	31.85
42	42.93	39.35	37.31	35.55	33.82
43	44.94	41.04	39.31	37.25	35.18
44	47.29	43.08	41.00	39.23	37.18
45	60.91	58.04	54.09	51.71	47.76
46	63.67	61.30	56.79	54.38	50.14
47	67.03	64.34	59.51	57.09	52.84
48	70.43	67.70	62.82	60.12	55.54
49	74.13	71.40	66.20	63.42	58.54
50	74.76	70.98	67.19	63.44	59.64
51	78.14	68.03	67.19	60.45	60.06
52	78.56	71.40	67.61	63.83	63.44
53	79.38	78.56	71.40	67.61	63.83
54	86.52	82.71	75.59	74.76	68.03
55	97.02	86.52	82.71	81.89	71.82
56	101.22	94.10	89.87	82.71	78.96
57	111.71	101.22	97.02	89.87	86.12
58	109.59	105.41	97.83	90.72	83.55
59	116.73	109.19	101.64	94.49	90.30
60	117.57	113.36	105.83	101.64	94.49
61	121.74	114.20	106.64	102.48	98.25
62	125.96	121.35	113.78	103.29	99.09
63	133.92	123.01	118.38	110.84	103.29
64	141.51	130.55	122.58	115.01	107.47
65	146.08	135.18	127.20	122.58	111.65
66	151.11	139.77	131.80	123.82	116.28
67	155.74	147.73	136.40	128.45	120.46
68	160.76	149.00	137.63	129.68	121.72
69	162.41	154.02	142.26	134.26	126.31
70	167.41	155.67	143.91	132.57	127.53
71	169.07	157.32	142.20	137.17	128.80
72	167.78	155.60	146.79	138.40	127.09
73	169.01	156.83	144.65	136.28	127.48
74	166.47	154.32	145.50	133.74	125.36
75	164.34	152.16	140.01	131.19	122.81
76	158.85	149.63	137.47	128.67	120.29
77	156.30	147.07	134.92	126.13	117.36
78	154.59	148.31	135.76	124.01	118.17
79	159.18	146.64	136.98	128.18	119.42
80	157.07	147.45	134.85	129.02	120.24
81	158.31	148.70	139.06	126.89	117.69
82	156.17	143.19	133.57	124.38	118.50
83	153.66	144.02	133.97	124.78	112.62
84	151.09	141.06	131.45	122.23	113.02

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Compound Inflation Only

2,920 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	9.37	9.29	8.60	8.53	7.32
19	9.69	9.61	8.92	8.84	7.63
20	10.37	10.29	9.57	9.50	8.01
21	10.73	10.64	9.94	9.86	8.30
22	11.07	10.99	10.29	10.21	8.96
23	11.45	11.64	10.68	10.84	9.33
24	12.12	12.03	11.30	10.92	9.41
25	12.49	12.69	11.64	11.58	10.06
26	13.46	13.07	12.03	12.22	10.40
27	13.81	13.72	12.74	12.62	10.79
28	14.49	14.39	13.38	13.26	11.41
29	14.89	14.78	13.76	13.65	11.81
30	15.59	15.47	14.40	14.27	12.45
31	16.58	16.16	15.08	14.97	12.85
32	17.00	16.86	15.75	15.63	13.51
33	17.98	17.82	16.47	16.35	13.89
34	18.67	18.56	17.17	17.02	14.57
35	27.34	25.99	24.60	23.22	22.01
36	28.69	27.00	25.64	23.96	22.75
37	29.77	28.34	26.66	25.27	24.03
38	31.09	29.67	28.00	26.58	25.06
39	32.45	31.06	29.34	27.61	26.39
40	44.20	42.15	38.91	37.21	35.48
41	46.20	44.47	40.88	39.20	37.44
42	48.55	46.49	42.93	41.18	38.83
43	50.87	48.83	44.94	42.90	41.13
44	53.23	51.18	47.29	44.90	42.86
45	71.13	66.69	62.75	60.37	56.17
46	74.83	70.05	65.80	63.72	59.14
47	78.83	73.71	69.16	66.77	62.19
48	82.86	77.71	72.56	70.12	65.27
49	87.22	81.77	76.57	73.83	68.94
50	89.46	85.70	78.56	74.76	73.93
51	89.87	89.05	81.89	78.14	74.34
52	93.68	86.52	85.70	78.96	78.14
53	100.83	93.68	89.46	85.70	81.89
54	108.35	104.18	97.02	89.87	86.12
55	112.55	108.35	101.22	97.02	93.24
56	123.07	115.92	108.35	104.57	97.44
57	133.97	123.47	115.92	111.71	104.57
58	138.20	130.61	123.07	115.92	111.71
59	142.36	134.81	127.24	119.69	112.55
60	143.61	136.04	128.07	120.93	113.36
61	157.49	143.21	135.62	128.07	120.51
62	158.75	147.81	139.86	132.26	124.73
63	166.70	155.39	144.44	136.88	128.88
64	171.72	160.39	149.04	141.51	136.88
65	176.74	168.35	157.03	146.08	138.12
66	185.11	173.38	162.04	154.05	146.08
67	193.50	181.75	170.01	158.68	150.69
68	198.53	186.76	171.65	163.70	152.37
69	200.61	185.46	176.67	165.35	156.96
70	206.02	193.86	181.68	167.00	158.61
71	208.09	195.93	180.40	172.00	160.26
72	207.24	194.62	182.47	173.66	158.54
73	208.47	195.86	183.30	171.56	162.74
74	209.70	193.75	181.16	172.37	157.25
75	201.23	191.62	179.04	166.87	154.74
76	199.13	189.49	173.57	161.38	152.16
77	196.57	183.59	171.00	161.78	149.63
78	198.22	185.25	172.26	160.11	150.86
79	199.88	183.53	170.55	161.34	148.73
80	198.19	188.12	171.79	159.18	152.94
81	199.42	189.38	173.02	163.40	150.80
82	200.65	187.25	173.85	161.26	148.28
83	195.16	181.76	168.36	158.73	149.09
84	192.62	179.23	168.78	155.78	146.14

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Compound Inflation Only

Unlimited Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	11.95	11.27	10.60	10.52	9.29
19	12.62	11.92	11.23	11.15	9.61
20	12.99	12.24	11.58	11.50	10.29
21	13.65	12.65	11.95	12.15	10.64
22	14.04	13.59	12.62	12.54	10.99
23	14.97	14.00	12.99	13.18	11.64
24	15.35	14.35	13.65	13.55	12.03
25	16.04	15.34	14.31	14.19	12.69
26	16.74	16.01	14.97	14.59	13.07
27	17.42	16.39	15.63	15.54	13.72
28	18.40	17.37	16.35	16.25	14.39
29	19.10	18.08	17.02	16.92	14.78
30	19.82	18.74	17.73	17.60	15.47
31	20.82	19.51	18.40	18.29	16.16
32	21.55	20.47	19.13	19.32	16.86
33	22.84	21.20	20.14	19.98	17.82
34	23.87	22.49	21.11	20.71	18.56
35	33.78	31.19	29.78	28.43	27.05
36	35.13	32.82	31.13	29.77	28.08
37	37.10	34.18	32.54	31.10	29.42
38	38.76	35.55	34.14	32.44	30.75
39	40.46	37.25	35.51	33.82	32.41
40	52.61	50.68	47.41	45.75	44.00
41	55.28	53.31	49.76	47.74	45.98
42	57.97	55.67	52.10	50.07	48.32
43	60.64	58.39	54.76	52.70	50.65
44	63.67	61.32	57.46	55.08	53.01
45	85.64	81.43	76.96	73.04	68.82
46	89.98	85.75	81.26	76.42	72.18
47	94.65	90.10	85.23	80.69	76.15
48	99.93	94.76	89.60	85.04	79.85
49	104.98	99.77	94.57	89.36	84.21
50	107.54	100.41	96.19	89.46	88.64
51	111.29	104.18	99.98	93.24	92.42
52	115.09	107.93	100.83	99.98	89.87
53	119.69	112.13	107.93	100.83	97.02
54	130.19	122.66	115.51	108.35	107.54
55	137.78	130.19	122.66	118.87	111.71
56	148.68	134.81	130.61	123.07	115.92
57	159.61	145.73	138.20	133.97	123.47
58	160.85	152.89	145.31	134.81	130.61
59	168.43	157.49	146.58	142.36	134.81
60	175.96	165.05	154.13	143.21	139.01
61	180.58	169.24	158.33	150.75	143.21
62	184.76	173.85	162.50	154.97	150.35
63	193.17	181.80	170.49	162.92	154.97
64	195.24	186.84	175.50	167.51	156.61
65	209.95	195.24	183.47	172.57	164.57
66	215.34	203.61	188.49	180.52	166.23
67	223.75	208.62	196.88	185.53	174.22
68	229.18	214.07	198.95	190.55	182.17
69	231.66	219.48	203.96	195.56	183.82
70	237.10	221.55	206.02	194.28	185.90
71	239.58	227.00	208.09	199.29	187.54
72	245.00	229.07	213.54	201.35	189.19
73	239.95	223.99	211.40	199.23	187.07
74	234.86	221.86	205.92	196.70	184.53
75	235.67	219.75	206.73	194.56	182.40
76	230.19	217.19	201.23	188.68	176.51
77	224.69	208.32	195.35	182.75	173.57
78	222.98	212.94	196.57	184.01	174.80
79	227.58	211.22	197.83	185.25	172.65
80	225.86	209.09	195.70	183.11	173.49
81	223.76	210.33	193.55	183.95	171.37
82	221.62	204.85	194.39	178.44	168.83
83	219.09	202.30	191.86	178.86	169.25
84	216.53	202.72	185.96	172.95	166.29

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount

No Inflation Option

365 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	7.51	6.98	6.44	5.90	5.37
35-39	8.06	7.51	6.98	6.44	5.90
40-44	9.13	8.59	7.79	7.26	6.71
45-49	11.02	10.21	9.41	8.59	8.06
50	13.16	12.34	11.27	10.48	9.67
51	14.24	13.16	12.10	11.27	10.48
52	15.04	13.96	12.89	11.81	11.02
53	15.32	14.24	13.16	12.34	11.27
54	15.85	14.77	13.42	12.62	11.54
55	16.38	15.04	13.96	12.89	11.81
56	16.65	15.32	14.24	13.16	12.10
57	17.17	15.85	14.49	13.42	12.34
58	18.00	16.65	15.32	14.24	13.16
59	19.08	17.46	16.11	15.04	13.70
60	20.14	18.52	16.92	15.85	14.49
61	21.21	19.60	18.00	16.65	15.32
62	22.29	20.40	18.79	17.46	16.11
63	24.44	22.55	20.68	19.08	17.46
64	26.58	24.69	22.55	20.94	19.08
65	29.27	26.85	24.69	22.83	20.94
66	31.94	29.27	26.85	24.69	22.83
67	34.88	32.21	29.52	27.11	24.98
68	37.58	34.64	31.68	29.27	26.85
69	40.54	37.31	34.09	31.41	28.73
70	43.47	40.00	36.50	33.82	30.89
71	46.70	43.23	39.47	36.25	33.02
72	50.45	46.17	42.42	38.92	35.44
73	52.35	48.32	44.02	40.54	37.04
74	54.49	50.21	45.90	42.15	38.39
75	56.65	52.07	47.52	43.47	39.72
76	58.27	53.68	48.86	44.83	40.80
77	59.87	55.04	50.21	46.17	41.86
78	62.02	56.90	52.07	47.78	43.23
79	64.15	58.79	53.68	49.13	44.83
80	66.30	60.66	55.28	50.73	45.90
81	68.18	62.55	56.90	52.07	47.25
82	69.80	63.88	58.27	53.15	48.32
83	72.75	66.57	60.40	55.28	50.21
84	75.68	69.24	62.82	57.44	52.07

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount

No Inflation Option

730 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	7.51	6.98	6.44	6.18	5.64
35-39	8.33	7.79	7.26	6.71	6.18
40-44	9.41	8.87	8.33	7.79	7.26
45-49	11.27	10.48	9.67	8.87	8.33
50	13.70	12.89	11.81	11.02	10.21
51	14.77	13.70	12.62	11.81	11.02
52	15.85	14.77	13.70	12.62	11.81
53	16.38	15.32	14.24	13.16	12.34
54	17.17	16.11	14.77	13.96	12.89
55	18.00	16.92	15.57	14.49	13.42
56	18.79	17.46	16.11	15.04	13.96
57	19.60	18.25	16.92	15.85	14.49
58	21.21	19.60	18.00	16.92	15.57
59	22.55	20.94	19.32	18.00	16.92
60	24.44	22.55	20.94	19.60	18.00
61	26.06	24.15	22.29	20.94	19.32
62	27.90	26.06	23.91	22.29	20.68
63	31.41	28.98	26.85	24.98	22.83
64	34.88	32.21	29.81	27.66	25.50
65	38.92	35.96	33.02	30.89	28.46
66	43.23	40.00	36.79	34.09	31.41
67	48.32	44.55	41.08	38.11	35.17
68	52.61	48.59	44.55	41.34	38.11
69	57.19	52.61	48.59	44.83	41.34
70	62.02	57.44	52.61	48.86	44.83
71	67.38	62.26	57.19	52.88	48.59
72	73.28	67.65	62.02	57.44	52.61
73	76.22	70.32	64.69	59.87	54.76
74	79.19	73.28	67.10	62.02	56.90
75	82.13	75.68	69.53	64.15	58.79
76	84.81	78.11	71.67	66.03	60.40
77	86.97	80.26	73.55	67.65	62.02
78	90.72	83.48	76.50	70.32	64.42
79	94.23	86.70	79.19	73.01	66.85
80	97.43	89.64	82.13	75.68	69.00
81	100.66	92.61	84.56	78.11	71.13
82	103.88	95.30	87.24	80.26	73.28
83	108.72	99.85	91.00	84.02	76.50
84	113.55	104.14	95.01	87.49	79.73

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount

No Inflation Option

1,095 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	7.79	7.26	6.71	6.44	5.90
35-39	8.59	8.06	7.51	6.98	6.71
40-44	9.67	9.13	8.59	8.06	7.51
45-49	11.54	11.02	10.21	9.67	9.13
50	14.49	13.70	12.89	12.10	11.27
51	15.85	14.77	13.70	12.89	12.34
52	16.92	15.85	14.77	13.96	13.16
53	17.71	16.65	15.57	14.77	13.96
54	18.79	17.71	16.38	15.57	14.49
55	19.87	18.52	17.46	16.38	15.32
56	20.94	19.60	18.25	17.17	16.11
57	22.01	20.68	19.32	18.00	17.17
58	23.63	22.29	20.68	19.60	18.25
59	25.77	24.15	22.29	21.21	19.87
60	27.66	26.06	24.15	22.83	21.21
61	30.06	27.90	26.06	24.69	23.07
62	32.49	30.33	28.19	26.58	24.69
63	36.25	33.82	31.68	29.81	27.90
64	40.80	38.11	35.44	33.28	31.13
65	45.90	42.67	39.72	37.31	34.88
66	51.29	47.78	44.55	41.86	38.92
67	57.71	53.68	49.92	46.70	43.75
68	62.82	58.51	54.49	51.00	47.52
69	68.46	63.88	59.32	55.57	51.81
70	74.63	69.53	64.69	60.40	56.36
71	81.34	75.96	70.32	65.77	61.20
72	88.57	82.66	76.50	71.67	66.57
73	92.87	86.41	79.99	74.63	69.53
74	96.62	89.92	83.21	77.83	72.21
75	100.39	93.39	86.41	80.80	74.88
76	103.88	96.62	89.40	83.48	77.30
77	107.10	99.59	92.07	85.89	79.45
78	111.66	103.88	95.82	89.40	82.66
79	116.22	107.89	99.59	92.87	85.89
80	120.77	111.94	103.34	96.09	89.11
81	124.81	115.95	106.83	99.31	92.07
82	128.83	119.45	110.04	102.53	94.76
83	135.01	125.36	115.41	107.37	99.05
84	141.45	130.98	120.53	112.19	103.60

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

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BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount

No Inflation Option

1,825 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	8.06	7.51	7.26	6.71	6.44
35-39	8.87	8.33	7.79	7.26	6.98
40-44	9.94	9.41	8.87	8.33	8.06
45-49	12.62	11.81	11.02	10.48	9.94
50	15.85	15.04	13.96	13.42	12.62
51	17.17	16.11	15.04	14.24	13.70
52	18.52	17.46	16.38	15.57	14.49
53	19.60	18.52	17.17	16.38	15.57
54	20.94	19.60	18.25	17.46	16.38
55	22.29	20.94	19.60	18.52	17.46
56	23.63	22.29	20.68	19.60	18.52
57	24.98	23.63	22.01	20.94	19.60
58	27.11	25.50	23.91	22.55	21.21
59	29.52	27.66	26.06	24.69	23.07
60	32.21	30.06	28.19	26.58	24.98
61	34.88	32.74	30.60	28.73	27.11
62	37.85	35.71	33.28	31.41	29.52
63	42.67	40.00	37.31	35.17	33.28
64	48.32	45.09	42.15	39.72	37.31
65	54.22	50.73	47.52	44.55	41.86
66	61.20	57.19	53.42	50.21	47.25
67	69.00	64.42	60.12	56.65	52.88
68	75.68	70.61	65.77	61.74	57.98
69	82.66	77.30	71.93	67.65	63.09
70	90.46	84.56	78.65	73.83	69.00
71	99.05	92.33	85.89	80.53	75.15
72	108.18	100.93	93.95	88.03	82.13
73	113.27	105.76	98.23	92.07	85.89
74	118.38	110.59	102.53	96.09	89.64
75	123.20	115.16	106.83	99.85	93.15
76	128.03	119.45	110.86	103.60	96.36
77	132.34	123.47	114.35	107.10	99.59
78	138.50	129.11	119.70	111.66	103.88
79	144.68	134.74	124.81	116.49	108.43
80	150.58	140.10	129.64	121.05	112.47
81	156.49	145.48	134.47	125.60	116.78
82	161.85	150.31	139.04	129.91	120.53
83	170.17	158.10	146.29	136.35	126.43
84	178.75	165.87	153.27	143.07	132.58

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

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BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount

No Inflation Option

2,920 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	8.33	7.79	7.51	6.98	6.71
35-39	9.13	8.59	8.06	7.79	7.26
40-44	10.48	9.67	9.13	8.87	8.33
45-49	13.16	12.34	11.81	11.27	10.48
50	16.92	16.11	15.04	14.24	13.70
51	18.25	17.46	16.38	15.57	14.77
52	20.14	18.79	17.71	16.92	16.11
53	21.21	20.14	18.79	18.00	16.92
54	22.83	21.48	20.14	19.08	18.25
55	24.44	22.83	21.48	20.40	19.32
56	25.77	24.44	22.83	21.75	20.68
57	27.66	26.06	24.44	23.07	22.01
58	30.06	28.46	26.58	25.23	23.91
59	32.74	30.89	28.98	27.66	26.06
60	35.96	33.82	31.68	30.06	28.19
61	39.19	36.79	34.64	32.74	30.89
62	42.67	40.27	37.58	35.71	33.56
63	48.06	45.37	42.42	40.00	37.85
64	54.49	51.00	47.78	45.09	42.67
65	61.47	57.71	53.96	51.00	48.06
66	69.24	64.95	60.66	57.44	53.96
67	78.11	73.28	68.46	64.69	60.94
68	85.89	80.53	75.15	70.85	66.57
69	94.23	88.32	82.42	77.58	73.01
70	103.34	96.90	90.19	85.09	79.73
71	113.27	106.03	98.78	93.15	87.24
72	124.00	116.22	108.18	102.01	95.55
73	129.91	121.61	113.27	106.57	99.85
74	135.81	126.97	118.38	111.12	104.14
75	141.45	132.06	122.93	115.70	108.18
76	146.83	137.17	127.51	119.70	111.94
77	151.66	141.72	131.79	123.47	115.41
78	159.17	148.43	138.24	129.36	120.77
79	166.68	155.41	144.40	135.27	126.43
80	173.93	162.39	150.84	141.17	131.79
81	181.18	169.10	157.02	146.83	136.89
82	188.42	175.53	162.93	152.46	141.99
83	198.63	185.19	171.77	160.77	149.51
84	209.36	195.13	180.64	169.10	157.29

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount

No Inflation Option

Unlimited Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	8.59	8.06	7.79	7.26	6.98
35-39	9.94	9.41	8.87	8.33	8.06
40-44	11.02	10.48	9.67	9.41	8.87
45-49	14.24	13.42	12.62	12.10	11.54
50	18.25	17.46	16.38	15.57	14.77
51	19.87	18.79	17.71	16.92	16.11
52	21.75	20.40	19.32	18.52	17.46
53	23.07	22.01	20.68	19.87	18.79
54	24.98	23.36	22.29	21.21	20.14
55	26.58	25.23	23.63	22.55	21.48
56	28.46	26.85	25.50	24.15	23.07
57	30.60	28.98	27.11	25.77	24.69
58	33.28	31.41	29.81	28.19	26.85
59	36.50	34.36	32.49	30.89	29.27
60	40.00	37.58	35.44	33.82	31.94
61	43.47	41.08	38.65	36.79	34.88
62	47.52	44.83	42.15	40.00	38.11
63	53.68	50.45	47.52	45.09	42.67
64	60.40	56.90	53.42	50.73	48.06
65	68.18	64.15	60.12	57.19	53.96
66	76.76	72.21	67.65	64.15	60.66
67	86.41	81.05	76.22	72.21	68.18
68	94.76	89.11	83.48	78.91	74.63
69	103.88	97.70	91.53	86.41	81.59
70	113.79	107.10	100.13	94.76	89.40
71	124.81	117.30	109.80	103.60	97.70
72	136.89	128.30	119.99	113.55	106.83
73	142.79	133.95	125.36	118.38	111.12
74	148.70	139.56	130.44	123.20	115.70
75	154.60	144.95	135.27	127.76	119.70
76	159.96	149.77	139.85	131.79	123.74
77	164.79	154.60	144.15	135.81	127.22
78	172.31	161.33	150.58	141.72	132.87
79	179.83	168.30	157.02	147.62	138.24
80	187.10	175.28	163.19	153.54	143.60
81	194.32	181.72	169.37	159.17	148.99
82	201.31	188.15	175.28	164.79	154.06
83	211.77	197.83	184.11	172.85	161.57
84	222.24	207.50	192.98	181.44	169.37

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Compound Inflation Only

365 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	5.06	4.66	4.29	4.21	3.80
35-39	6.95	6.28	5.87	5.50	5.12
40-44	8.94	8.25	7.83	7.12	6.75
45-49	11.64	10.91	9.88	9.48	8.46
50	13.14	12.14	11.38	10.33	9.62
51	13.62	12.54	11.79	10.75	10.04
52	14.35	13.29	12.19	11.44	10.42
53	14.99	13.92	12.86	11.84	11.07
54	15.67	14.31	13.51	12.46	11.43
55	16.06	15.27	13.90	12.81	12.07
56	17.02	15.89	14.52	13.47	12.70
57	17.71	16.29	15.21	14.11	13.07
58	18.42	17.02	15.58	14.52	13.14
59	19.19	17.75	16.33	14.94	13.83
60	19.63	18.19	17.06	15.36	14.28
61	20.41	18.95	17.49	16.11	14.66
62	21.17	19.70	18.25	16.80	15.42
63	22.68	20.91	19.09	17.63	16.21
64	24.21	22.13	20.30	18.84	17.34
65	25.51	23.65	21.54	20.01	18.23
66	27.12	25.19	23.03	21.22	19.40
67	28.76	26.53	24.34	22.45	20.63
68	29.74	27.16	24.93	23.07	20.88
69	30.16	27.87	25.59	23.67	21.45
70	31.19	28.54	26.24	24.03	22.07
71	31.64	28.98	26.62	24.64	22.37
72	32.17	29.72	26.74	24.73	22.70
73	31.81	29.11	26.68	24.33	22.33
74	31.19	28.45	26.02	23.95	21.90
75	30.26	27.80	25.30	23.55	21.17
76	29.56	27.09	24.58	22.79	20.72
77	28.25	26.06	23.55	21.75	19.94
78	28.26	26.03	23.51	21.70	19.80
79	28.25	25.98	23.45	21.58	19.42
80	27.66	25.63	23.06	21.19	19.29
81	27.29	24.96	22.67	21.07	19.17
82	26.90	24.86	22.50	20.61	18.70
83	26.99	24.61	22.54	20.61	18.64
84	26.83	24.39	22.25	20.59	18.63

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Compound Inflation Only

730 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	6.88	6.48	6.12	5.46	5.08
35-39	8.80	8.12	7.42	7.07	6.66
40-44	11.40	10.70	9.74	9.05	8.36
45-49	14.14	13.41	12.36	11.65	10.65
50	16.28	14.97	14.21	13.16	12.45
51	17.05	15.99	14.91	13.89	12.87
52	17.82	16.44	15.38	14.62	13.27
53	18.83	17.43	16.07	15.31	14.29
54	20.15	18.48	17.37	16.02	14.97
55	21.17	19.50	18.10	17.04	15.66
56	22.21	20.48	19.10	17.71	16.65
57	23.55	21.84	20.12	18.74	17.33
58	24.39	22.94	21.17	19.50	18.41
59	25.80	24.06	22.30	20.56	18.90
60	26.98	25.19	23.11	21.40	19.94
61	28.40	26.35	24.53	22.52	20.78
62	29.94	27.51	25.65	23.94	21.86
63	31.94	29.76	27.32	25.53	23.68
64	34.59	32.36	29.56	27.73	25.60
65	37.29	34.74	31.85	29.41	27.23
66	40.32	37.43	34.51	32.01	29.47
67	43.19	40.22	36.95	34.10	31.55
68	44.70	41.36	38.39	35.46	32.59
69	46.23	43.17	39.24	36.87	33.64
70	47.83	44.15	40.72	37.74	34.74
71	49.20	45.43	41.64	38.63	35.58
72	50.34	46.50	42.94	39.56	36.44
73	49.84	46.25	42.10	38.95	35.82
74	49.32	45.16	41.55	38.35	35.20
75	47.92	44.58	40.62	37.44	34.22
76	46.77	43.06	39.41	36.48	33.56
77	45.22	41.53	38.15	35.16	32.22
78	45.13	41.68	38.25	35.25	32.27
79	45.31	41.82	38.30	35.31	32.29
80	45.16	41.64	37.81	35.08	32.29
81	44.99	41.42	37.84	34.81	32.00
82	44.20	40.88	37.30	34.18	31.37
83	44.59	40.91	37.51	34.41	31.52
84	44.65	41.21	37.48	34.59	31.65

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Compound Inflation Only

1,095 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	7.83	7.42	7.07	6.72	6.33
35-39	10.08	9.41	9.01	8.64	7.97
40-44	12.99	11.99	11.31	10.60	10.24
45-49	16.62	15.28	14.59	13.59	12.90
50	18.87	17.82	16.50	15.77	14.75
51	19.64	18.59	17.20	16.50	15.19
52	20.73	19.35	17.98	17.25	16.23
53	22.06	20.68	19.32	17.98	16.95
54	23.15	21.78	20.33	19.32	18.27
55	24.50	23.10	21.41	20.33	19.27
56	26.18	24.45	23.06	21.69	20.31
57	27.88	26.14	24.14	23.01	21.38
58	29.61	27.60	25.83	24.16	22.75
59	30.84	28.80	27.27	25.30	23.89
60	32.93	30.56	28.48	26.73	25.30
61	34.51	32.39	30.25	28.26	26.48
62	36.35	33.92	31.78	29.72	28.26
63	39.64	37.17	34.41	32.31	30.24
64	43.05	40.23	37.39	34.97	32.85
65	46.50	43.61	40.45	37.95	35.49
66	50.63	47.40	43.89	41.07	38.51
67	54.89	51.28	47.39	44.81	41.62
68	56.84	53.19	49.25	46.31	43.05
69	59.15	54.84	50.83	47.85	44.27
70	61.23	56.87	52.51	49.45	45.83
71	63.09	58.67	54.53	50.80	47.45
72	65.03	60.25	55.99	52.27	48.49
73	64.42	59.85	55.57	52.05	47.96
74	63.72	59.39	55.09	51.30	47.44
75	62.71	58.38	54.05	50.15	46.61
76	61.36	57.30	52.89	49.01	45.69
77	59.97	55.55	51.44	47.84	44.49
78	60.30	55.83	51.65	48.00	44.63
79	60.64	56.12	51.88	48.20	44.78
80	60.36	56.34	51.80	48.33	44.61
81	60.32	56.01	51.68	48.16	44.39
82	59.98	55.58	51.23	47.40	43.87
83	60.51	55.77	51.66	47.78	44.47
84	60.50	56.29	51.74	48.16	44.49

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Compound Inflation Only

1,825 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	9.69	9.33	8.36	8.30	7.63
35-39	11.94	11.24	10.58	10.20	9.54
40-44	15.14	14.15	13.16	12.78	11.83
45-49	19.51	18.50	17.14	16.45	15.47
50	22.42	21.08	20.01	18.72	17.69
51	23.55	22.16	20.78	19.73	18.43
52	24.63	23.27	21.56	20.55	19.49
53	26.31	24.63	23.22	22.18	20.85
54	28.02	26.31	24.90	23.55	22.18
55	29.72	28.02	26.31	24.93	23.55
56	31.77	30.05	28.28	26.63	25.24
57	34.09	32.06	30.00	28.33	26.91
58	36.24	34.18	31.78	30.41	28.68
59	38.73	36.32	33.62	31.92	30.17
60	40.93	38.47	35.79	34.01	31.95
61	43.46	40.70	37.93	36.14	33.78
62	46.31	43.24	40.48	38.06	35.96
63	50.34	47.21	44.08	41.63	38.93
64	54.82	51.60	47.80	45.05	42.26
65	59.93	56.06	51.93	49.41	46.26
66	65.20	60.92	56.73	53.53	50.06
67	70.86	66.53	61.67	58.11	54.53
68	73.97	69.25	64.28	60.67	56.45
69	77.05	72.02	66.98	63.02	59.00
70	80.29	74.87	69.77	65.41	61.05
71	83.03	77.81	72.31	67.89	63.47
72	86.14	80.53	74.66	70.16	65.34
73	86.24	80.28	74.67	70.10	65.27
74	85.72	80.04	74.33	69.74	64.88
75	85.18	79.16	73.72	69.06	64.14
76	83.71	78.22	72.43	67.74	63.35
77	82.46	76.64	71.06	66.40	61.97
78	83.36	77.73	71.84	67.34	62.57
79	84.19	78.54	72.86	68.03	63.24
80	85.02	79.30	73.52	68.66	63.78
81	85.23	79.43	73.60	68.71	63.77
82	85.38	79.50	73.62	68.69	63.66
83	86.86	80.88	74.62	69.58	64.82
84	88.05	81.97	75.60	70.21	65.39

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

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BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Compound Inflation Only

2,920 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	10.65	10.28	9.33	9.25	8.59
35-39	13.53	12.85	12.14	11.19	10.81
40-44	16.45	15.74	14.76	13.78	13.10
45-49	21.43	20.09	18.80	17.81	17.06
50	25.31	23.67	22.28	21.25	19.96
51	26.74	25.09	23.40	22.37	21.35
52	27.91	26.49	24.83	23.47	22.16
53	29.90	28.21	26.49	25.15	24.09
54	31.95	30.24	28.51	27.15	25.51
55	34.02	32.26	30.24	28.87	27.50
56	36.97	34.63	32.56	30.89	29.20
57	39.36	36.98	34.63	33.23	31.23
58	41.86	39.46	37.06	35.06	33.32
59	44.69	42.25	39.55	37.20	35.46
60	47.59	44.84	42.07	39.69	37.91
61	50.76	47.66	44.61	42.24	39.81
62	54.02	50.62	47.48	45.06	42.65
63	59.04	55.31	51.83	49.35	46.31
64	64.23	60.69	56.57	53.74	50.34
65	70.11	65.91	61.69	58.23	54.75
66	76.72	72.14	67.24	63.44	59.87
67	83.77	78.49	73.23	69.03	64.83
68	87.29	81.96	76.32	72.06	67.76
69	91.18	85.48	79.75	75.41	70.51
70	95.26	89.13	83.30	78.29	73.87
71	99.08	92.86	86.63	81.57	76.48
72	103.36	96.43	90.10	84.63	79.47
73	103.23	96.57	90.21	84.68	79.16
74	102.87	96.39	89.69	84.40	78.85
75	102.10	95.90	89.13	83.51	78.18
76	101.02	94.46	87.90	82.54	77.15
77	99.55	92.65	86.39	81.24	75.50
78	101.23	94.52	87.89	82.71	76.89
79	102.57	96.09	89.37	83.80	77.96
80	104.20	97.08	90.26	84.65	78.74
81	105.22	98.04	91.14	85.43	79.73
82	105.92	98.95	91.64	85.91	79.86
83	108.27	100.90	93.53	87.38	81.52
84	110.08	102.60	95.35	88.84	82.91

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

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BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount

5% Compound Inflation Only

Unlimited Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	11.93	11.23	10.58	10.20	9.54
35-39	15.14	14.47	13.78	13.10	12.46
40-44	18.07	17.06	16.36	15.39	14.69
45-49	23.40	22.40	21.04	20.04	19.07
50	27.98	26.31	24.94	23.92	22.87
51	29.40	27.72	26.34	25.03	23.99
52	30.89	29.49	27.80	26.47	25.39
53	33.54	31.56	29.82	28.18	27.12
54	35.62	33.87	31.88	30.51	28.82
55	38.28	36.28	34.22	32.85	31.16
56	41.30	38.95	36.62	34.91	33.23
57	44.05	41.72	39.31	37.58	35.60
58	47.21	44.79	41.80	40.06	38.01
59	50.40	47.63	44.63	42.55	40.49
60	53.63	50.86	47.78	45.44	43.04
61	57.50	54.10	51.01	48.59	45.89
62	61.41	57.68	54.26	51.80	48.79
63	66.88	63.08	58.96	56.20	53.11
64	73.00	68.54	64.39	61.26	57.81
65	79.30	74.76	70.23	66.44	62.92
66	86.34	81.10	76.16	72.31	68.18
67	94.13	88.78	82.89	78.66	74.11
68	98.61	92.65	86.65	82.36	77.47
69	102.96	96.61	90.55	85.85	80.89
70	107.73	100.98	94.47	89.43	84.10
71	112.02	105.16	98.28	93.15	87.71
72	116.46	109.75	102.47	96.66	91.15
73	116.69	109.60	102.29	96.74	91.13
74	116.28	108.90	101.82	95.87	90.23
75	115.27	108.12	100.96	94.99	89.59
76	113.90	106.65	99.75	94.04	88.00
77	111.80	104.57	97.57	92.14	86.34
78	113.47	106.43	99.10	93.28	87.44
79	114.83	107.69	100.33	94.42	88.49
80	116.15	108.36	101.17	95.24	89.27
81	116.89	109.28	101.71	95.73	89.70
82	117.51	109.87	102.26	95.91	89.82
83	119.29	111.52	103.83	97.63	91.50
84	121.38	113.49	105.66	98.84	92.54

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N105

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

Without Increasing Benefit Option

365 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$35.44	$32.49	$29.52	$26.58	$26.58
35-39	38.39	35.44	32.49	29.52	26.58
40-44	41.34	38.39	35.44	32.49	29.52
45-49	47.25	44.29	41.34	38.39	35.44
50	56.11	50.21	47.25	44.29	41.34
51	56.11	50.21	47.25	44.29	41.34
52	59.06	53.15	50.21	47.25	44.29
53	62.02	59.06	53.15	50.21	44.29
54	64.95	62.02	56.11	53.15	47.25
55	67.92	64.95	59.06	56.11	50.21
56	76.76	70.85	64.95	59.06	56.11
57	79.73	73.83	67.92	62.02	59.06
58	82.66	76.76	70.85	64.95	62.02
59	91.53	82.66	76.76	70.85	64.95
60	97.43	88.57	82.66	76.76	70.85
61	103.34	97.43	88.57	82.66	76.76
62	112.19	103.34	94.47	88.57	79.73
63	118.10	109.24	100.39	91.53	85.62
64	129.91	118.10	109.24	100.39	91.53
65	141.72	132.87	121.05	112.19	103.34
66	153.54	141.72	129.91	121.05	109.24
67	168.30	153.54	141.72	129.91	121.05
68	186.02	171.25	156.49	144.68	132.87
69	203.72	186.02	171.25	156.49	144.68
70	221.44	203.72	186.02	171.25	156.49
71	242.10	224.38	203.72	188.95	171.25
72	262.78	242.10	221.44	203.72	186.02
73	289.35	265.72	242.10	221.44	203.72
74	315.93	292.30	265.72	245.07	221.44
75	345.44	315.93	289.35	265.72	242.10
76	377.92	345.44	315.93	289.35	262.78
77	413.34	377.92	345.44	315.93	289.35
78	448.77	410.40	374.96	345.44	312.96
79	484.20	442.85	404.50	372.01	336.57
80	522.60	481.25	436.95	401.53	363.16
81	569.82	522.60	475.35	436.95	395.63
82	617.07	563.92	513.73	469.45	428.11
83	667.24	611.16	555.05	507.82	460.58
84	720.39	661.34	599.35	549.14	496.02

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N105

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

Without Increasing Benefit Option

730 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$41.34	$38.39	$35.44	$32.49	$29.52
35-39	44.29	41.34	38.39	35.44	32.49
40-44	50.21	47.25	44.29	41.34	38.39
45-49	64.95	62.02	56.11	53.15	50.21
50	70.85	67.92	62.02	59.06	53.15
51	76.76	70.85	64.95	62.02	56.11
52	79.73	73.83	67.92	64.95	59.06
53	85.62	79.73	73.83	67.92	64.95
54	88.57	82.66	76.76	70.85	67.92
55	97.43	88.57	82.66	76.76	70.85
56	103.34	94.47	88.57	82.66	76.76
57	109.24	103.34	94.47	88.57	82.66
58	121.05	112.19	103.34	97.43	88.57
59	126.97	118.10	109.24	100.39	94.47
60	138.78	126.97	118.10	109.24	103.34
61	147.62	138.78	126.97	118.10	109.24
62	159.44	147.62	135.81	126.97	118.10
63	174.20	159.44	147.62	138.78	126.97
64	188.95	177.15	162.39	150.58	138.78
65	206.67	191.93	177.15	165.35	150.58
66	224.38	209.63	191.93	177.15	165.35
67	250.97	230.28	212.57	197.83	183.05
68	274.59	253.91	233.25	215.53	197.83
69	298.22	277.53	253.91	236.20	215.53
70	330.67	304.11	280.49	259.82	239.15
71	363.16	333.63	307.04	283.43	259.82
72	401.53	369.06	339.54	312.96	289.35
73	436.95	401.53	369.06	342.48	312.96
74	478.29	439.91	404.50	374.96	342.48
75	522.60	484.20	442.85	407.44	374.96
76	569.82	525.54	481.25	442.85	407.44
77	625.91	575.73	528.50	487.16	445.82
78	679.05	625.91	572.76	528.50	484.20
79	741.07	682.02	622.97	572.76	525.54
80	806.02	744.01	679.05	625.91	572.76
81	876.88	808.96	738.11	679.05	620.01
82	953.64	876.88	800.12	738.11	673.15
83	1039.26	953.64	870.98	803.06	732.20
84	1130.80	1039.26	947.74	873.92	797.15

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N105

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

Without Increasing Benefit Option

1,095 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$47.25	$44.29	$41.34	$38.39	$35.44
35-39	53.15	50.21	47.25	44.29	41.34
40-44	62.02	56.11	53.15	50.21	47.25
45-49	76.76	73.83	67.92	64.95	59.06
50	88.57	82.66	76.76	73.83	67.92
51	91.53	85.62	79.73	76.76	70.85
52	94.47	88.57	82.66	76.76	73.83
53	100.39	94.47	88.57	82.66	79.73
54	112.19	103.34	97.43	91.53	85.62
55	118.10	109.24	103.34	97.43	91.53
56	124.00	118.10	109.24	103.34	97.43
57	135.81	126.97	118.10	112.19	103.34
58	144.68	135.81	126.97	121.05	112.19
59	156.49	144.68	135.81	126.97	121.05
60	168.30	159.44	147.62	138.78	129.91
61	180.12	168.30	156.49	147.62	138.78
62	191.93	180.12	168.30	159.44	147.62
63	212.57	200.76	186.02	174.20	162.39
64	233.25	218.48	203.72	191.93	180.12
65	253.91	239.15	221.44	206.67	194.86
66	280.49	259.82	242.10	227.34	212.57
67	307.04	286.40	265.72	248.01	233.25
68	336.57	315.93	292.30	274.59	256.86
69	374.96	351.35	324.77	304.11	283.43
70	413.34	383.82	357.25	333.63	310.03
71	454.67	422.21	392.69	366.11	342.48
72	498.97	466.48	431.06	404.50	374.96
73	552.12	513.73	475.35	442.85	413.34
74	602.30	560.95	519.63	484.20	451.72
75	661.34	617.07	569.82	531.44	493.06
76	723.36	673.15	622.97	581.63	540.31
77	797.15	741.07	684.96	637.73	590.49
78	868.02	806.02	744.01	693.82	643.64
79	947.74	879.84	811.92	755.82	699.73
80	1033.34	959.55	885.74	823.73	761.74
81	1127.82	1048.11	965.45	897.53	829.64
82	1231.17	1139.63	1051.06	977.27	903.43
83	1340.40	1242.99	1145.54	1065.84	983.16
84	1,464.41	1,355.18	1248.90	1160.31	1071.74

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N105

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

Without Increasing Benefit Option

1,825 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$53.15	$50.21	$47.25	$44.29	$41.34
35-39	64.95	59.06	56.11	53.15	50.21
40-44	73.83	67.92	64.95	62.02	59.06
45-49	94.47	88.57	82.66	79.73	73.83
50	106.29	100.39	94.47	88.57	85.62
51	109.24	103.34	97.43	91.53	88.57
52	118.10	109.24	103.34	97.43	91.53
53	124.00	115.16	109.24	103.34	97.43
54	132.87	126.97	118.10	112.19	106.29
55	144.68	135.81	126.97	121.05	112.19
56	153.54	144.68	135.81	129.91	121.05
57	165.35	153.54	144.68	135.81	129.91
58	177.15	168.30	156.49	147.62	138.78
59	191.93	180.12	168.30	159.44	150.58
60	206.67	191.93	180.12	171.25	159.44
61	221.44	209.63	194.86	183.05	174.20
62	239.15	224.38	209.63	197.83	186.02
63	262.78	248.01	230.28	218.48	203.72
64	286.40	268.68	250.97	236.20	221.44
65	318.86	298.22	277.53	262.78	245.07
66	348.38	327.73	304.11	286.40	268.68
67	383.82	357.25	333.63	312.96	295.25
68	425.14	395.63	369.06	348.38	324.77
69	469.45	436.95	407.44	383.82	357.25
70	519.63	487.16	451.72	425.14	395.63
71	575.73	537.34	498.97	469.45	436.95
72	634.78	593.45	552.12	516.69	484.20
73	702.68	655.44	608.20	569.82	531.44
74	773.52	720.39	670.22	628.88	584.58
75	853.27	794.21	738.11	690.86	643.64
76	938.87	873.92	811.92	758.78	708.59
77	1036.30	965.45	894.60	835.54	779.44
78	1130.80	1054.03	977.27	912.30	850.30
79	1237.09	1151.44	1065.84	994.98	924.12
80	1,352.21	1260.70	1166.21	1089.45	1012.70
81	1,479.18	1,375.83	1272.50	1186.88	1104.22
82	1,617.92	1,502.79	1,390.59	1296.12	1204.59
83	1,771.46	1,644.50	1,520.51	1,417.16	1316.79
84	1,936.79	1,798.04	1,662.23	1,550.03	1,437.84

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N105

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

Without Increasing Benefit Option

2,920 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$59.06	$56.11	$53.15	$50.21	$47.25
35-39	70.85	64.95	62.02	59.06	56.11
40-44	82.66	79.73	73.83	70.85	67.92
45-49	106.29	100.39	94.47	88.57	85.62
50	124.00	115.16	109.24	103.34	97.43
51	126.97	118.10	112.19	106.29	100.39
52	132.87	126.97	118.10	112.19	106.29
53	141.72	135.81	126.97	121.05	115.16
54	153.54	144.68	135.81	129.91	121.05
55	162.39	153.54	144.68	138.78	129.91
56	177.15	165.35	156.49	147.62	141.72
57	188.95	180.12	168.30	159.44	150.58
58	203.72	191.93	180.12	171.25	162.39
59	218.48	203.72	191.93	183.05	171.25
60	233.25	221.44	206.67	194.86	186.02
61	250.97	236.20	221.44	209.63	197.83
62	271.63	256.86	239.15	227.34	212.57
63	298.22	280.49	262.78	248.01	233.25
64	333.63	312.96	292.30	277.53	259.82
65	366.11	345.44	321.81	304.11	286.40
66	404.50	377.92	354.29	333.63	315.93
67	448.77	419.24	392.69	372.01	348.38
68	496.02	463.54	434.03	410.40	383.82
69	555.05	519.63	484.20	457.64	428.11
70	614.10	575.73	537.34	504.87	475.35
71	682.02	640.70	596.39	560.95	525.54
72	758.78	708.59	661.34	622.97	584.58
73	835.54	782.41	729.26	684.96	643.64
74	918.20	859.17	800.12	752.88	702.68
75	1015.63	947.74	882.79	829.64	776.51
76	1116.02	1045.16	971.35	912.30	853.27
77	1231.17	1148.50	1068.78	1003.83	935.93
78	1343.37	1254.80	1166.21	1092.41	1021.53
79	1,470.31	1,372.90	1275.44	1195.74	1116.02
80	1,609.09	1,499.82	1,393.54	1304.98	1216.40
81	1,756.70	1,638.60	1,520.51	1,423.08	1325.65
82	1,922.04	1,792.14	1,662.23	1,555.94	1,449.66
83	2,102.13	1,957.47	1,815.75	1,697.65	1,582.51
84	2,294.04	2,137.56	1,981.08	1,854.12	1,724.21

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N105

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

Without Increasing Benefit Option

Unlimited Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$70.85	$64.95	$62.02	$59.06	$56.11
35-39	82.66	79.73	73.83	70.85	67.92
40-44	100.39	94.47	88.57	85.62	79.73
45-49	126.97	118.10	112.19	106.29	103.34
50	141.72	135.81	126.97	121.05	115.16
51	147.62	141.72	132.87	126.97	121.05
52	156.49	147.62	138.78	132.87	126.97
53	165.35	156.49	147.62	141.72	132.87
54	180.12	168.30	159.44	153.54	144.68
55	191.93	183.05	171.25	162.39	156.49
56	206.67	194.86	183.05	174.20	165.35
57	221.44	209.63	197.83	188.95	180.12
58	239.15	224.38	212.57	203.72	191.93
59	256.86	242.10	227.34	215.53	206.67
60	277.53	259.82	245.07	233.25	221.44
61	295.25	280.49	262.78	250.97	236.20
62	318.86	301.14	283.43	268.68	253.91
63	351.35	330.67	310.03	295.25	277.53
64	383.82	360.19	339.54	321.81	304.11
65	422.21	395.63	372.01	354.29	333.63
66	466.48	436.95	410.40	389.72	369.06
67	510.79	478.29	448.77	425.14	401.53
68	563.92	528.50	496.02	469.45	442.85
69	628.88	590.49	552.12	522.60	493.06
70	693.82	652.50	611.16	578.68	546.21
71	770.59	723.36	676.11	640.70	602.30
72	853.27	803.06	749.93	708.59	667.24
73	938.87	879.84	823.73	776.51	732.20
74	1027.44	962.50	900.50	850.30	797.15
75	1130.80	1059.93	989.08	932.97	876.88
76	1237.09	1160.31	1083.55	1021.53	959.55
77	1,358.13	1272.50	1186.88	1118.99	1048.11
78	1,470.31	1,375.83	1284.31	1210.50	1133.73
79	1,594.32	1,490.99	1,390.59	1307.93	1225.27
80	1,724.21	1,612.02	1,502.79	1,414.22	1322.69
81	1,868.89	1,747.83	1,626.79	1,529.36	1,431.93
82	2,025.36	1,892.51	1,762.60	1,656.32	1,550.03
83	2,193.67	2,048.99	1,907.27	1,792.14	1,674.04
84	2,376.72	2,217.28	2,063.76	1,939.76	1,809.85

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N105

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

Without Increasing Benefit Option

365 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$38.39	$35.44	$32.49	$29.52	$26.58
35-39	41.34	38.39	35.44	32.49	29.52
40-44	44.29	41.34	38.39	35.44	32.49
45-49	53.15	47.25	44.29	41.34	38.39
50	59.06	53.15	50.21	47.25	44.29
51	62.02	59.06	53.15	50.21	44.29
52	62.02	59.06	53.15	50.21	44.29
53	67.92	64.95	59.06	56.11	50.21
54	73.83	67.92	62.02	59.06	53.15
55	76.76	70.85	64.95	59.06	56.11
56	82.66	76.76	70.85	64.95	62.02
57	85.62	79.73	73.83	67.92	62.02
58	94.47	85.62	79.73	73.83	67.92
59	100.39	94.47	85.62	79.73	73.83
60	106.29	100.39	91.53	85.62	76.76
61	115.16	106.29	97.43	91.53	82.66
62	121.05	112.19	103.34	94.47	88.57
63	132.87	121.05	112.19	103.34	94.47
64	141.72	132.87	121.05	112.19	103.34
65	153.54	141.72	129.91	121.05	109.24
66	168.30	153.54	141.72	129.91	121.05
67	183.05	168.30	153.54	141.72	129.91
68	200.76	183.05	168.30	156.49	141.72
69	218.48	200.76	183.05	168.30	153.54
70	239.15	218.48	200.76	186.02	168.30
71	259.82	239.15	218.48	200.76	183.05
72	283.43	262.78	239.15	221.44	200.76
73	310.03	283.43	259.82	239.15	218.48
74	336.57	310.03	283.43	259.82	236.20
75	369.06	339.54	310.03	283.43	259.82
76	401.53	369.06	336.57	310.03	280.49
77	436.95	401.53	366.11	336.57	307.04
78	472.39	434.03	395.63	363.16	330.67
79	513.73	469.45	428.11	392.69	357.25
80	555.05	510.79	463.54	425.14	386.78
81	599.35	549.14	498.97	457.64	416.31
82	649.54	593.45	540.31	496.02	448.77
83	699.73	640.70	581.63	531.44	484.20
84	755.82	693.82	628.88	575.73	522.60

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N105

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

Without Increasing Benefit Option

730 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$47.25	$44.29	$41.34	$38.39	$35.44
35-39	50.21	47.25	44.29	41.34	38.39
40-44	59.06	53.15	50.21	47.25	44.29
45-49	70.85	67.92	62.02	59.06	53.15
50	82.66	76.76	70.85	64.95	62.02
51	85.62	79.73	73.83	67.92	64.95
52	88.57	82.66	76.76	70.85	67.92
53	97.43	88.57	82.66	76.76	70.85
54	103.34	94.47	88.57	82.66	76.76
55	109.24	103.34	94.47	88.57	82.66
56	118.10	109.24	100.39	94.47	85.62
57	124.00	115.16	106.29	100.39	91.53
58	132.87	124.00	115.16	106.29	100.39
59	144.68	132.87	124.00	115.16	106.29
60	156.49	144.68	132.87	124.00	115.16
61	165.35	153.54	141.72	132.87	121.05
62	177.15	162.39	150.58	138.78	129.91
63	194.86	180.12	165.35	153.54	141.72
64	209.63	194.86	180.12	168.30	153.54
65	227.34	212.57	194.86	180.12	168.30
66	250.97	230.28	212.57	197.83	183.05
67	274.59	253.91	233.25	215.53	200.76
68	298.22	277.53	253.91	236.20	215.53
69	330.67	304.11	280.49	259.82	239.15
70	360.19	333.63	307.04	283.43	262.78
71	395.63	366.11	336.57	312.96	286.40
72	434.03	401.53	369.06	342.48	312.96
73	475.35	436.95	401.53	372.01	339.54
74	516.69	475.35	436.95	404.50	369.06
75	560.95	519.63	475.35	439.91	401.53
76	614.10	566.87	519.63	478.29	439.91
77	667.24	617.07	563.92	519.63	475.35
78	729.26	670.22	614.10	566.87	516.69
79	791.25	729.26	667.24	614.10	560.95
80	859.17	791.25	723.36	667.24	608.20
81	932.97	859.17	785.34	723.36	661.34
82	1015.63	932.97	853.27	785.34	717.44
83	1101.26	1012.70	924.12	850.30	776.51
84	1198.69	1101.26	1003.83	924.12	844.40

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N105

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

Without Increasing Benefit Option

1,095 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$53.15	$50.21	$47.25	$44.29	$41.34
35-39	62.02	56.11	53.15	50.21	47.25
40-44	70.85	64.95	62.02	59.06	56.11
45-49	88.57	82.66	76.76	73.83	67.92
50	97.43	91.53	85.62	79.73	76.76
51	103.34	97.43	91.53	85.62	82.66
52	106.29	100.39	94.47	88.57	82.66
53	115.16	106.29	100.39	94.47	88.57
54	124.00	118.10	109.24	103.34	97.43
55	132.87	124.00	115.16	109.24	103.34
56	141.72	132.87	124.00	118.10	109.24
57	150.58	141.72	132.87	124.00	118.10
58	165.35	156.49	144.68	135.81	126.97
59	177.15	165.35	153.54	144.68	135.81
60	188.95	177.15	165.35	156.49	144.68
61	203.72	188.95	177.15	165.35	156.49
62	218.48	203.72	188.95	177.15	165.35
63	239.15	221.44	206.67	194.86	183.05
64	262.78	245.07	227.34	212.57	200.76
65	286.40	265.72	248.01	233.25	218.48
66	310.03	289.35	268.68	250.97	236.20
67	342.48	318.86	295.25	277.53	259.82
68	374.96	351.35	324.77	304.11	283.43
69	410.40	380.88	354.29	330.67	310.03
70	451.72	419.24	389.72	366.11	339.54
71	496.02	460.58	428.11	401.53	372.01
72	546.21	510.79	472.39	442.85	410.40
73	599.35	558.01	516.69	484.20	448.77
74	655.44	608.20	563.92	525.54	490.10
75	714.49	664.31	614.10	572.76	531.44
76	782.41	729.26	673.15	628.88	581.63
77	856.21	794.21	735.17	684.96	634.78
78	930.02	862.11	797.15	744.01	687.92
79	1012.70	938.87	868.02	808.96	749.93
80	1098.31	1021.53	941.83	876.88	811.92
81	1192.78	1107.18	1021.53	950.68	879.84
82	1299.06	1204.59	1110.12	1033.34	953.64
83	1,414.22	1310.88	1207.55	1121.93	1036.30
84	1,538.22	1,423.08	1310.88	1219.36	1124.89

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N105

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

Without Increasing Benefit Option

1,825 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$64.95	$59.06	$56.11	$53.15	$50.21
35-39	70.85	64.95	62.02	59.06	56.11
40-44	85.62	82.66	76.76	73.83	67.92
45-49	106.29	100.39	94.47	88.57	85.62
50	124.00	115.16	109.24	103.34	97.43
51	126.97	121.05	112.19	106.29	100.39
52	132.87	126.97	118.10	112.19	106.29
53	144.68	135.81	126.97	121.05	115.16
54	153.54	144.68	135.81	129.91	121.05
55	165.35	153.54	144.68	135.81	129.91
56	177.15	168.30	156.49	147.62	138.78
57	191.93	180.12	168.30	159.44	150.58
58	203.72	191.93	180.12	171.25	159.44
59	218.48	203.72	191.93	180.12	171.25
60	236.20	221.44	206.67	194.86	183.05
61	253.91	236.20	221.44	209.63	197.83
62	274.59	256.86	239.15	224.38	212.57
63	298.22	277.53	259.82	245.07	230.28
64	324.77	304.11	283.43	268.68	250.97
65	354.29	333.63	310.03	292.30	274.59
66	389.72	363.16	339.54	318.86	298.22
67	428.11	398.59	372.01	351.35	327.73
68	472.39	439.91	410.40	386.78	360.19
69	519.63	484.20	451.72	425.14	395.63
70	569.82	534.40	496.02	466.48	434.03
71	631.83	590.49	549.14	516.69	481.25
72	693.82	649.54	602.30	563.92	528.50
73	761.74	711.54	661.34	620.01	578.68
74	838.49	782.41	726.30	679.05	634.78
75	921.16	859.17	797.15	746.98	693.82
76	1009.72	941.83	873.92	817.83	761.74
77	1110.12	1033.34	959.55	897.53	835.54
78	1210.50	1127.82	1045.16	977.27	909.35
79	1322.69	1231.17	1139.63	1065.84	989.08
80	1,437.84	1340.40	1240.03	1157.34	1074.68
81	1,570.70	1,461.47	1,352.21	1260.70	1172.12
82	1,712.41	1,591.37	1,473.27	1,375.83	1275.44
83	1,865.93	1,733.09	1,603.18	1,493.92	1,387.64
84	2,034.23	1,889.55	1,744.89	1,626.79	1,508.69

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N105

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

Without Increasing Benefit Option

2,920 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$73.83	$67.92	$64.95	$62.02	$59.06
35-39	82.66	79.73	73.83	70.85	67.92
40-44	103.34	97.43	91.53	88.57	82.66
45-49	129.91	121.05	115.16	109.24	103.34
50	150.58	141.72	132.87	126.97	121.05
51	156.49	147.62	138.78	132.87	124.00
52	162.39	153.54	144.68	138.78	129.91
53	174.20	162.39	153.54	144.68	138.78
54	186.02	177.15	165.35	156.49	147.62
55	200.76	188.95	177.15	168.30	159.44
56	212.57	200.76	188.95	180.12	171.25
57	230.28	215.53	203.72	194.86	183.05
58	248.01	233.25	218.48	206.67	194.86
59	265.72	248.01	233.25	221.44	209.63
60	283.43	268.68	250.97	239.15	224.38
61	304.11	286.40	268.68	253.91	239.15
62	324.77	307.04	286.40	271.63	256.86
63	357.25	333.63	312.96	295.25	280.49
64	389.72	366.11	342.48	324.77	304.11
65	425.14	398.59	372.01	351.35	330.67
66	463.54	436.95	407.44	383.82	363.16
67	507.82	478.29	445.82	422.21	395.63
68	560.95	525.54	490.10	463.54	434.03
69	617.07	578.68	540.31	510.79	478.29
70	679.05	637.73	593.45	558.01	525.54
71	749.93	702.68	655.44	617.07	578.68
72	826.67	773.52	720.39	679.05	634.78
73	906.42	850.30	791.25	744.01	696.78
74	997.92	932.97	868.02	814.87	764.69
75	1095.36	1024.52	953.64	894.60	838.49
76	1201.65	1121.93	1045.16	980.21	918.20
77	1322.69	1234.12	1148.50	1077.65	1006.79
78	1,437.84	1343.37	1248.90	1172.12	1092.41
79	1,570.70	1,464.41	1,361.08	1275.44	1189.84
80	1,709.46	1,597.28	1,482.11	1,387.64	1296.12
81	1,865.93	1,738.98	1,614.99	1,511.64	1,408.31
82	2,031.28	1,892.51	1,756.70	1,644.50	1,532.32
83	2,214.31	2,063.76	1,913.18	1,789.17	1,668.13
84	2,415.10	2,249.75	2,084.41	1,948.60	1,815.75

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12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N105

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

Without Increasing Benefit Option

Unlimited Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$82.66	$79.73	$73.83	$70.85	$67.92
35-39	94.47	91.53	85.62	82.66	76.76
40-44	115.16	109.24	103.34	97.43	94.47
45-49	147.62	141.72	132.87	126.97	121.05
50	168.30	159.44	150.58	144.68	135.81
51	174.20	165.35	156.49	150.58	141.72
52	183.05	171.25	162.39	156.49	147.62
53	197.83	188.95	177.15	168.30	162.39
54	212.57	200.76	188.95	180.12	171.25
55	227.34	215.53	203.72	194.86	186.02
56	245.07	233.25	218.48	209.63	197.83
57	265.72	250.97	236.20	224.38	212.57
58	283.43	265.72	250.97	239.15	227.34
59	301.14	286.40	268.68	256.86	242.10
60	324.77	307.04	289.35	274.59	259.82
61	348.38	330.67	310.03	295.25	280.49
62	372.01	351.35	330.67	315.93	298.22
63	407.44	383.82	360.19	342.48	324.77
64	442.85	419.24	392.69	372.01	354.29
65	487.16	460.58	431.06	410.40	386.78
66	531.44	501.92	469.45	445.82	419.24
67	578.68	546.21	510.79	484.20	457.64
68	640.70	602.30	563.92	534.40	504.87
69	705.63	661.34	620.01	587.53	552.12
70	776.51	729.26	682.02	646.60	608.20
71	853.27	800.12	749.93	708.59	667.24
72	941.83	882.79	826.67	782.41	735.17
73	1027.44	962.50	900.50	850.30	800.12
74	1121.93	1051.06	983.16	927.06	870.98
75	1225.27	1148.50	1071.74	1009.72	947.74
76	1337.46	1251.83	1169.15	1101.26	1033.34
77	1,458.50	1,366.98	1275.44	1201.65	1124.89
78	1,582.51	1,482.11	1,381.73	1302.02	1219.36
79	1,715.38	1,606.11	1,496.89	1,408.31	1319.75
80	1,860.03	1,738.98	1,620.89	1,523.45	1,426.03
81	2,016.51	1,886.61	1,756.70	1,653.36	1,544.13
82	2,187.76	2,046.05	1,904.32	1,789.17	1,674.04
83	2,373.75	2,217.28	2,063.76	1,939.76	1,812.79
84	2,571.56	2,403.28	2,234.99	2,099.18	1,960.40

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

5% Equal Increases Benefit Option

365 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Equal Increases Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$15.06	$14.62	$14.24	$13.81	$10.46
35-39	22.20	18.43	18.01	17.59	17.18
40-44	25.99	22.20	21.79	21.37	20.98
45-49	36.92	33.14	29.37	28.93	25.15
50	34.79	33.96	30.18	26.41	25.99
51	34.79	33.96	30.18	26.41	25.99
52	35.18	34.36	30.56	26.79	26.41
53	38.95	35.18	34.36	30.56	29.75
54	46.13	38.95	38.14	34.36	33.52
55	49.89	46.13	41.91	38.14	37.30
56	51.14	46.96	42.75	41.91	34.79
57	54.90	50.70	46.51	45.68	38.54
58	58.70	54.52	50.32	46.13	42.33
59	59.94	55.35	51.14	46.96	42.75
60	64.13	62.90	55.35	51.14	46.96
61	68.33	60.77	56.16	51.97	47.77
62	69.58	64.94	60.36	56.16	51.55
63	80.50	72.52	67.90	63.30	55.74
64	85.49	80.50	72.52	67.90	63.30
65	90.53	79.20	74.17	69.58	61.59
66	98.91	90.53	82.15	74.17	69.16
67	104.34	95.52	87.14	82.15	74.17
68	110.18	101.39	92.56	84.19	79.20
69	112.68	103.44	94.66	89.21	80.85
70	121.86	112.68	103.44	94.66	85.84
71	131.52	118.92	109.32	100.51	91.28
72	137.76	128.13	115.14	105.93	96.71
73	144.86	131.44	121.40	111.79	102.58
74	145.19	131.79	121.34	111.71	101.68
75	152.70	141.83	128.02	117.98	107.93
76	157.25	145.96	131.73	121.27	110.83
77	162.22	150.51	135.88	125.00	111.19
78	163.79	151.69	136.62	122.42	114.50
79	165.39	152.91	137.40	126.13	114.45
80	170.75	154.89	141.96	130.26	118.16
81	163.92	150.55	137.21	125.13	112.60
82	167.16	153.00	139.23	129.67	113.79
83	167.47	152.89	138.30	128.33	114.98
84	171.55	153.17	141.13	127.39	116.54

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

5% Equal Increases Benefit Option

730 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Equal Increases Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$25.99	$22.20	$21.79	$21.37	$20.98
35-39	33.14	32.71	28.93	28.54	24.73
40-44	44.04	40.26	36.48	32.71	32.31
45-49	52.86	45.68	44.86	41.09	37.30
50	57.05	53.25	49.06	45.28	44.46
51	54.52	53.69	49.48	45.68	44.86
52	58.28	54.07	49.89	46.13	41.91
53	62.47	58.28	54.07	53.25	46.13
54	72.99	65.43	61.25	57.05	53.25
55	74.24	72.99	65.43	61.25	57.05
56	81.78	77.20	69.62	65.43	61.25
57	85.98	78.42	73.81	69.62	62.07
58	91.01	83.04	78.42	70.86	69.62
59	95.17	90.57	82.62	78.01	70.46
60	100.20	95.17	87.24	82.62	75.06
61	108.18	96.82	91.82	87.24	79.25
62	116.56	108.18	99.79	91.82	83.85
63	125.37	116.56	108.18	100.20	91.82
64	134.18	122.42	113.60	105.23	96.82
65	143.35	134.56	122.42	114.02	105.23
66	159.32	143.79	134.56	125.77	114.02
67	163.04	153.42	140.85	128.66	119.87
68	176.43	163.46	150.45	141.25	128.66
69	189.84	173.49	160.09	147.51	137.90
70	201.12	187.28	170.53	157.54	144.55
71	212.40	198.16	181.01	167.59	154.18
72	224.50	209.85	192.25	178.44	161.67
73	232.84	217.76	199.76	182.58	168.36
74	241.99	223.16	204.72	187.13	172.49
75	248.17	229.33	210.10	195.05	177.03
76	261.53	241.85	222.21	206.74	188.32
77	266.02	248.88	225.43	209.57	190.32
78	276.83	252.57	231.67	211.98	195.69
79	278.78	257.04	235.31	218.19	198.11
80	281.13	258.99	236.44	218.91	198.00
81	284.34	258.00	237.96	219.63	201.24
82	284.96	260.75	239.90	221.14	201.95
83	283.49	264.77	239.72	220.12	200.13
84	282.83	259.92	237.00	216.59	199.12

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

5% Equal Increases Benefit Option

1,095 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Equal Increases Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$33.52	$29.75	$29.37	$28.93	$28.54
35-39	44.46	40.69	36.92	36.48	32.71
40-44	52.41	51.59	47.82	44.04	43.64
45-49	67.97	64.18	59.98	56.22	55.37
50	72.99	68.81	64.60	60.80	56.62
51	73.41	69.22	65.00	61.25	57.05
52	77.20	72.99	68.81	67.97	60.80
53	84.74	77.20	72.99	68.81	65.00
54	86.41	85.15	77.59	73.41	69.22
55	97.31	92.71	85.15	80.97	76.76
56	108.25	97.31	92.71	88.52	80.97
57	109.89	105.28	97.31	89.77	88.52
58	121.23	113.25	105.28	97.73	93.15
59	126.24	117.85	109.89	105.28	97.73
60	131.26	123.30	114.91	106.92	102.34
61	143.00	134.62	126.24	118.28	110.28
62	154.77	146.37	134.62	126.66	118.28
63	164.39	149.27	140.47	132.09	123.70
64	177.36	165.22	153.06	144.66	132.92
65	193.75	178.21	165.62	156.83	145.10
66	204.18	194.57	178.63	166.46	157.66
67	221.38	204.99	192.04	182.81	167.29
68	238.99	219.25	205.83	193.27	177.34
69	247.72	227.56	213.76	200.75	187.78
70	263.19	248.94	228.40	215.00	201.56
71	285.81	267.77	246.81	233.01	212.88
72	305.46	280.71	262.29	245.09	227.53
73	316.25	294.05	271.84	253.88	236.25
74	330.02	307.42	284.80	266.37	245.01
75	345.04	318.61	295.20	276.34	257.52
76	360.43	336.58	309.36	286.74	267.47
77	370.79	342.72	318.04	297.95	274.53
78	384.05	355.20	329.67	305.84	281.95
79	391.83	362.15	335.82	314.49	289.81
80	400.47	373.29	342.79	320.65	295.11
81	406.98	375.63	347.19	324.25	301.26
82	411.32	381.70	352.49	328.64	304.89
83	416.53	386.05	355.59	330.97	305.94
84	417.05	388.28	356.57	330.73	304.87

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

5% Equal Increases Benefit Option

1,825 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Equal Increases Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$44.46	$44.04	$40.26	$39.87	$36.09
35-39	52.86	52.02	48.24	44.46	44.04
40-44	70.90	70.09	62.95	59.15	55.37
45-49	87.29	83.10	78.90	75.10	70.90
50	95.67	88.10	83.93	79.71	75.94
51	99.42	95.26	87.70	83.49	76.36
52	100.69	96.09	88.52	84.33	80.14
53	108.25	103.63	96.09	91.88	87.70
54	119.57	108.64	104.04	99.88	92.31
55	127.96	119.99	112.01	104.47	103.22
56	135.92	127.96	119.99	112.42	107.81
57	147.68	142.66	131.31	126.72	115.79
58	159.44	148.09	139.70	131.75	123.75
59	168.22	159.84	148.09	140.13	132.15
60	177.03	168.22	156.47	148.51	140.13
61	189.18	177.44	165.29	156.91	145.55
62	201.78	189.62	177.44	169.05	157.28
63	218.54	203.01	190.45	178.68	169.90
64	242.02	226.12	210.15	198.01	185.82
65	256.71	240.31	223.98	208.43	199.22
66	281.05	261.29	244.51	228.57	215.99
67	299.44	282.24	262.14	249.13	229.82
68	325.43	304.45	283.89	264.18	250.79
69	351.81	330.44	306.09	285.98	268.78
70	379.06	350.93	329.14	308.60	290.99
71	403.72	378.15	352.57	328.25	310.24
72	438.90	409.56	380.20	358.41	330.30
73	458.54	428.35	398.18	372.59	347.04
74	478.55	447.55	413.57	387.57	361.21
75	496.41	464.59	429.83	403.01	376.20
76	515.14	482.48	446.88	419.23	388.65
77	532.13	495.29	461.80	433.37	401.95
78	552.09	514.41	476.75	447.47	411.89
79	570.35	531.45	492.52	462.40	428.93
80	586.47	543.35	503.22	468.91	434.56
81	597.51	556.13	514.74	482.55	444.05
82	613.61	570.53	527.90	494.48	458.10
83	618.23	576.91	532.62	497.97	460.34
84	627.92	584.93	538.99	503.10	463.82

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

5% Equal Increases Benefit Option

2,920 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Equal Increases Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$55.37	$51.59	$47.82	$47.40	$43.64
35-39	67.16	62.95	59.15	55.37	54.98
40-44	85.63	78.47	74.25	70.51	66.72
45-49	105.78	101.57	94.01	89.83	86.06
50	114.98	110.37	102.82	98.61	94.43
51	118.74	114.15	106.60	102.38	98.21
52	126.30	115.36	110.77	106.60	99.05
53	134.27	126.72	118.74	111.20	106.99
54	142.66	134.69	126.72	119.15	114.55
55	157.37	146.03	138.05	130.48	125.89
56	169.55	161.14	149.80	141.83	134.27
57	181.28	166.58	158.18	150.21	142.25
58	193.45	181.68	169.91	161.99	150.64
59	205.61	193.45	181.68	170.38	165.34
60	221.14	206.01	193.87	185.48	174.13
61	233.71	221.56	206.01	194.26	185.87
62	243.34	227.81	215.24	203.48	194.69
63	267.24	251.30	235.36	223.20	211.03
64	292.41	272.70	256.32	240.80	228.24
65	317.15	294.06	277.30	261.34	245.38
66	349.43	328.89	305.40	289.05	269.73
67	372.49	351.52	327.60	307.89	291.11
68	409.38	384.65	356.93	336.79	316.27
69	437.85	412.70	384.17	360.26	339.28
70	476.41	444.11	415.18	393.81	366.10
71	516.19	483.48	450.37	425.23	400.05
72	557.24	523.28	486.40	457.45	428.53
73	591.53	553.81	516.09	486.32	453.60
74	630.07	591.48	549.56	516.03	485.44
75	663.90	620.69	577.95	543.59	505.87
76	701.51	654.57	610.56	572.01	533.44
77	744.55	695.93	647.76	604.99	568.59
78	793.90	741.11	688.33	647.70	600.77
79	838.60	781.19	727.20	682.37	634.18
80	891.69	832.67	774.01	724.59	678.54
81	949.37	885.72	822.08	771.41	717.38
82	1002.83	937.51	868.82	813.55	758.28
83	1058.34	990.94	917.25	860.33	797.10
84	1128.96	1053.18	974.06	909.20	847.23

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

5% Equal Increases Benefit Option

Unlimited Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Equal Increases Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$60.43	$59.59	$55.79	$52.02	$51.59
35-39	78.90	75.10	70.90	67.16	63.36
40-44	98.21	94.01	89.83	86.06	81.83
45-49	128.84	124.23	116.68	112.50	105.32
50	141.01	133.45	125.47	121.28	113.71
51	145.21	137.65	129.66	122.09	117.92
52	149.80	141.83	133.86	126.30	122.09
53	164.50	153.15	145.21	137.65	133.04
54	169.91	164.93	153.60	146.03	138.05
55	188.41	177.10	168.71	160.73	153.15
56	200.59	192.21	180.45	172.49	164.50
57	222.84	207.74	195.97	188.02	176.66
58	228.70	219.90	204.79	193.45	185.03
59	248.00	232.50	220.32	211.93	197.22
60	260.99	248.41	232.86	221.14	209.38
61	276.93	261.41	245.46	233.71	221.56
62	293.70	274.42	258.47	246.30	234.15
63	318.44	298.76	282.35	266.84	254.25
64	346.57	329.79	306.68	290.74	278.17
65	375.49	354.95	331.45	312.13	299.13
66	405.27	380.94	356.99	337.29	317.56
67	435.00	413.64	385.94	365.81	345.66
68	476.10	447.57	419.47	398.92	375.04
69	512.13	479.82	450.88	426.55	402.23
70	554.89	518.79	486.08	457.97	433.24
71	599.29	565.74	528.84	500.32	471.38
72	647.86	607.21	569.45	536.76	504.04
73	683.43	641.49	600.02	566.45	533.34
74	722.75	679.99	634.29	596.97	562.62
75	760.76	713.85	666.89	628.74	590.59
76	805.94	754.82	703.68	664.73	622.36
77	849.81	794.08	741.73	698.54	654.96
78	895.84	838.86	782.27	734.92	690.51
79	940.10	881.89	820.73	772.12	723.52
80	988.61	925.76	863.36	810.57	760.73
81	1039.14	971.71	907.63	853.60	796.20
82	1087.98	1018.89	946.85	891.57	832.94
83	1141.81	1067.71	994.01	934.14	873.85
84	1197.71	1121.55	1042.86	978.39	916.43

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

5% Compound Benefit Option

365 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$28.54	$24.73	$24.34	$23.92	$20.53
35-39	32.31	31.89	28.10	27.70	23.92
40-44	42.83	39.03	35.27	34.83	31.07
45-49	53.72	49.95	46.17	42.38	38.61
50	54.98	50.76	46.99	43.21	39.43
51	54.98	50.76	46.99	43.21	39.43
52	55.37	51.19	47.40	43.64	39.87
53	59.15	55.37	51.19	47.40	46.60
54	66.33	59.15	54.98	51.19	46.99
55	70.09	62.95	58.75	54.98	50.76
56	74.71	67.16	62.95	58.75	54.98
57	78.47	70.90	66.72	62.51	55.37
58	82.27	78.07	70.51	66.33	59.15
59	86.87	82.27	74.71	70.51	62.95
60	87.70	83.10	75.54	71.33	63.79
61	95.26	84.33	79.71	72.17	67.97
62	96.48	91.88	83.93	76.36	71.74
63	107.43	99.42	91.48	86.87	75.94
64	112.42	107.43	96.09	88.10	83.49
65	120.81	109.46	101.09	93.15	85.15
66	129.20	117.44	109.07	101.09	92.71
67	134.62	125.83	114.08	105.69	94.35
68	137.11	128.32	116.15	107.76	96.00
69	142.98	133.74	121.58	112.76	101.02
70	148.79	139.58	127.02	118.21	106.04
71	158.44	142.49	132.87	120.70	111.48
72	164.68	151.71	138.71	126.13	116.90
73	171.77	158.37	144.97	135.33	119.41
74	178.87	162.09	148.28	135.27	125.26
75	182.99	172.13	154.94	141.54	128.13
76	190.91	179.62	162.00	148.21	137.76
77	195.87	184.17	166.15	155.28	138.11
78	207.57	192.09	173.66	159.42	144.80
79	215.88	200.01	181.15	166.52	151.49
80	227.98	205.37	189.08	174.03	158.53
81	234.61	214.53	194.45	175.60	163.09
82	244.57	223.67	203.19	186.88	167.65
83	251.63	230.29	209.00	192.27	172.18
84	265.79	240.68	218.55	198.05	183.88

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

5% Compound Benefit Option

730 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$46.17	$42.38	$38.61	$38.21	$34.45
35-39	53.31	49.56	45.77	41.99	41.55
40-44	70.96	63.83	60.05	56.27	52.50
45-49	83.14	75.99	71.79	68.02	60.88
50	90.71	80.17	75.99	68.83	68.02
51	88.17	80.62	76.41	69.26	68.43
52	88.56	81.00	76.82	69.69	65.47
53	92.78	88.56	81.00	76.82	69.69
54	103.29	95.74	88.17	83.99	76.82
55	104.52	99.91	92.36	88.17	80.62
56	115.45	110.86	99.91	92.36	88.17
57	126.36	115.45	107.48	99.91	92.36
58	131.39	120.07	112.06	104.52	96.55
59	138.94	130.96	119.62	111.68	104.13
60	143.95	135.56	124.23	116.28	105.32
61	151.95	137.21	128.84	120.88	112.90
62	160.32	148.57	136.83	125.47	117.51
63	169.10	156.96	145.21	133.86	125.47
64	181.28	166.15	154.00	142.25	133.86
65	190.49	178.30	162.81	151.05	142.25
66	206.43	187.54	174.95	162.81	147.68
67	210.15	197.17	181.23	169.05	153.54
68	223.54	207.21	190.84	178.27	165.67
69	240.31	220.60	203.85	187.90	174.90
70	248.25	231.06	210.91	194.57	178.21
71	259.52	241.94	221.38	204.62	187.83
72	268.27	250.23	229.29	212.10	191.97
73	283.33	261.54	240.15	219.61	202.02
74	292.47	270.27	248.46	227.53	209.51
75	305.38	279.85	257.23	238.78	217.42
76	318.74	292.35	269.33	250.49	225.31
77	326.60	302.75	275.93	253.31	234.07
78	347.53	319.88	292.26	269.21	246.18
79	362.91	334.44	305.98	282.14	258.69
80	378.73	346.50	317.22	292.95	265.33
81	395.38	362.32	332.20	307.13	282.00
82	416.24	381.92	350.97	322.11	296.19
83	434.95	399.40	364.27	334.57	304.45
84	451.11	414.76	378.36	347.86	316.93

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

5% Compound Benefit Option

1,095 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$57.09	$53.31	$49.56	$49.11	$45.33
35-39	68.02	64.23	60.45	56.68	52.91
40-44	86.07	85.25	78.13	74.33	70.56
45-49	108.36	97.84	93.64	86.52	85.67
50	110.03	105.83	98.26	91.10	86.92
51	110.42	106.25	98.67	91.53	87.35
52	117.59	110.03	102.46	98.26	91.10
53	125.14	117.59	110.03	105.83	95.29
54	130.14	122.18	114.63	107.07	102.87
55	141.07	133.09	122.18	114.63	107.07
56	152.00	141.07	133.09	125.52	117.97
57	163.76	155.76	144.43	136.87	128.91
58	171.72	160.38	149.03	138.11	133.52
59	180.09	168.35	157.02	149.03	138.11
60	191.84	177.15	165.41	157.41	146.08
61	200.22	185.12	173.36	162.02	150.68
62	208.61	196.85	181.72	170.41	162.02
63	221.63	203.13	190.95	179.22	170.84
64	234.60	219.07	203.55	191.77	176.66
65	254.33	235.44	219.49	207.33	192.21
66	268.14	251.77	232.50	216.94	204.79
67	285.33	265.59	245.87	233.31	214.40
68	302.93	279.84	259.69	243.75	224.45
69	315.02	291.52	270.99	254.61	234.90
70	330.51	309.53	285.62	268.86	248.70
71	349.76	324.98	300.66	283.49	260.01
72	366.05	341.30	316.14	295.58	274.63
73	376.83	351.29	325.71	304.34	283.39
74	397.35	371.37	342.02	320.23	295.47
75	415.70	382.58	355.77	333.58	307.99
76	431.11	400.54	369.93	343.95	317.97
77	444.84	413.40	382.00	355.18	331.74
78	468.19	435.97	403.73	376.49	345.90
79	492.80	459.73	423.33	395.27	363.85
80	518.29	480.99	443.76	414.87	382.64
81	544.98	503.52	465.02	431.96	402.23
82	569.53	529.80	487.11	453.21	419.31
83	598.28	554.34	510.42	472.33	440.58
84	625.75	583.50	534.96	495.65	459.70

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

5% Compound Benefit Option

1,825 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$71.38	$67.60	$63.83	$60.05	$59.63
35-39	86.52	85.67	78.53	74.75	70.96
40-44	114.66	107.11	99.99	96.18	89.02
45-49	141.13	133.57	126.01	118.87	114.66
50	149.52	138.59	131.05	126.83	116.33
51	149.93	138.99	131.44	127.26	116.76
52	147.81	143.20	132.26	124.71	120.53
53	162.10	154.10	143.20	135.64	128.10
54	176.78	162.49	154.54	146.98	139.42
55	188.55	177.22	165.86	154.94	150.35
56	203.24	188.55	177.22	166.28	158.31
57	218.35	206.61	191.91	183.95	169.66
58	230.12	212.03	200.28	188.96	180.98
59	238.89	223.77	208.66	197.34	186.01
60	251.08	235.52	220.42	205.72	197.34
61	266.62	248.13	232.60	220.84	206.13
62	275.82	260.29	241.39	226.26	214.52
63	295.95	273.69	257.77	242.63	230.49
64	319.44	296.77	277.46	261.94	246.42
65	337.48	314.34	294.64	275.75	259.79
66	358.43	331.97	311.84	292.51	273.22
67	380.23	359.67	332.80	313.07	290.41
68	406.21	381.87	354.59	331.52	311.37
69	429.24	401.14	373.42	349.92	329.37
70	453.09	421.59	393.10	369.18	344.84
71	477.75	448.84	416.51	388.83	364.10
72	509.59	473.51	440.78	415.64	384.17
73	532.57	495.65	462.11	433.18	404.24
74	559.32	521.60	484.25	451.54	421.80
75	583.93	548.75	507.23	473.68	443.51
76	612.76	573.34	531.04	496.66	462.69
77	643.23	599.65	556.05	520.86	482.75
78	683.36	635.58	587.84	551.81	509.47
79	721.79	672.80	623.77	583.57	543.35
80	764.86	708.30	658.03	613.62	569.21
81	809.54	751.33	696.50	650.82	602.25
82	855.94	796.04	736.57	689.68	636.50
83	900.95	839.44	774.94	723.46	669.01
84	954.42	887.85	818.36	762.26	706.15

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

5% Compound Benefit Option

2,920 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$89.02	$81.90	$78.13	$74.33	$70.56
35-39	110.91	106.72	99.54	95.77	88.63
40-44	136.13	128.93	121.39	114.28	107.11
45-49	169.71	162.14	151.23	143.68	136.52
50	175.57	167.58	156.66	149.10	141.55
51	179.33	171.36	160.46	152.88	145.32
52	183.53	169.23	161.27	153.72	146.16
53	191.51	180.59	169.23	161.68	150.75
54	206.61	195.28	183.95	173.01	168.40
55	221.31	206.61	195.28	184.34	176.38
56	236.86	225.08	210.38	202.40	188.12
57	251.98	237.25	222.12	210.79	199.45
58	267.49	252.35	237.25	225.92	211.22
59	286.38	270.88	252.35	237.68	225.92
60	301.92	280.07	264.54	252.80	234.71
61	317.86	298.98	280.07	264.97	249.83
62	330.86	311.96	292.63	277.52	262.02
63	361.48	338.80	316.14	300.62	285.08
64	383.30	360.19	337.13	318.23	302.27
65	411.40	384.95	361.45	342.11	322.81
66	440.32	413.04	386.18	366.46	343.77
67	470.10	442.40	411.74	388.65	365.16
68	503.64	475.53	441.07	414.22	393.68
69	525.37	493.48	461.59	434.30	409.98
70	560.55	524.89	489.24	461.12	433.40
71	590.24	550.79	514.31	485.81	453.91
72	621.19	583.86	543.61	511.31	479.01
73	655.50	611.03	569.92	536.82	500.74
74	694.01	648.70	603.43	566.50	532.57
75	721.10	674.56	628.45	590.71	549.60
76	762.09	708.41	661.06	619.14	577.20
77	795.02	743.06	691.53	648.77	605.59
78	844.38	788.23	732.08	688.09	641.16
79	892.45	831.69	774.33	726.12	677.95
80	945.52	886.50	821.15	768.34	718.93
81	1003.24	936.21	869.19	815.18	761.14
82	1056.67	987.98	915.95	857.31	798.67
83	1118.91	1044.79	967.75	907.45	840.84
84	1186.16	1107.04	1024.56	956.30	891.01

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

5% Compound Benefit Option

Unlimited Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$104.18	$99.99	$92.82	$89.02	$85.25
35-39	132.74	122.22	118.03	110.91	107.11
40-44	162.14	154.58	147.03	139.91	135.67
45-49	199.52	191.55	180.65	173.08	162.56
50	211.70	200.78	189.43	181.87	174.30
51	215.88	201.58	190.25	182.68	171.78
52	213.73	202.40	191.07	183.53	172.60
53	235.19	220.47	209.15	198.24	190.25
54	247.34	235.59	220.90	209.96	202.02
55	269.19	251.16	239.37	228.04	217.12
56	284.73	269.62	254.51	243.16	231.82
57	306.98	291.88	273.38	258.71	247.34
58	319.57	304.04	285.56	270.88	259.09
59	338.90	319.99	301.08	285.98	271.25
60	351.90	332.56	313.66	298.53	283.42
61	374.55	348.94	329.60	311.12	298.98
62	391.33	368.65	346.00	330.44	311.54
63	416.04	392.98	369.87	350.98	335.02
64	450.89	424.04	397.59	378.27	358.96
65	479.80	455.91	425.70	403.02	383.30
66	512.97	485.27	454.62	431.54	405.05
67	556.17	524.71	490.30	463.42	439.91
68	587.17	551.93	517.09	489.80	462.55
69	619.83	580.79	545.12	517.42	486.39
70	659.22	616.42	576.96	545.50	514.01
71	693.52	649.88	609.61	574.35	542.08
72	728.64	681.25	640.15	604.05	568.01
73	764.20	718.91	670.67	633.76	593.91
74	803.52	754.05	704.97	664.31	626.60
75	838.20	784.50	734.19	692.71	647.84
76	883.35	825.49	770.99	725.30	679.58
77	917.12	861.39	802.28	755.75	708.82
78	966.50	906.17	842.85	792.13	744.37
79	1014.16	949.20	884.65	832.69	780.72
80	1066.02	999.82	930.66	874.50	821.31
81	1123.29	1049.12	978.31	920.92	860.16
82	1172.11	1096.30	1020.90	958.90	896.89
83	1232.68	1151.86	1071.44	1008.17	941.18
84	1288.61	1205.72	1120.25	1049.05	983.73

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

5% Equal Increases Benefit Option

365 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Equal Increases Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$22.20	$18.43	$18.01	$17.59	$17.18
35-39	22.64	18.83	18.43	18.01	17.59
40-44	29.75	29.37	25.58	25.15	21.37
45-49	37.74	36.92	33.14	29.37	28.93
50	38.54	37.74	33.96	30.18	29.75
51	38.95	35.18	34.36	30.56	29.75
52	45.68	38.54	37.74	33.96	33.14
53	46.51	39.40	38.54	34.79	33.96
54	47.34	46.51	42.33	38.54	37.74
55	54.52	50.32	46.13	45.28	38.14
56	55.35	51.14	46.96	42.75	38.95
57	65.85	58.28	54.07	49.89	49.06
58	63.72	59.12	54.90	50.70	46.51
59	64.55	60.36	55.74	51.55	47.34
60	72.11	64.55	59.94	55.74	51.14
61	76.71	68.74	64.13	56.56	55.35
62	80.90	76.30	68.33	63.72	56.16
63	85.92	80.90	72.94	68.33	63.72
64	93.88	82.54	77.54	72.94	64.94
65	102.27	93.88	85.49	77.54	72.52
66	107.69	98.91	90.53	85.49	74.17
67	113.15	104.34	95.52	87.14	82.15
68	119.00	109.79	100.95	92.56	87.14
69	128.21	119.00	109.79	100.95	92.17
70	137.81	128.21	115.64	106.82	97.60
71	147.44	137.81	124.82	115.64	106.41
72	157.50	141.11	131.07	118.52	108.89
73	164.57	150.77	137.34	127.72	114.75
74	171.67	157.83	144.02	133.98	120.58
75	176.19	161.97	147.73	137.30	123.88
76	184.12	169.46	154.83	140.99	130.13
77	192.47	177.38	162.32	148.10	133.89
78	204.14	185.27	169.82	155.17	140.54
79	209.92	196.97	177.73	162.67	147.61
80	219.06	199.40	182.68	167.24	151.75
81	228.64	208.17	191.01	175.12	159.25
82	235.67	217.71	196.81	180.52	163.79
83	246.06	227.68	205.96	188.85	168.75
84	257.28	231.77	212.56	195.03	174.14

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

5% Equal Increases Benefit Option

730 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Equal Increases Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$26.79	$26.41	$22.64	$22.20	$21.79
35-39	37.30	33.52	29.75	29.37	25.58
40-44	45.28	44.46	40.69	36.92	33.14
45-49	57.05	53.25	49.06	45.28	44.46
50	62.07	57.87	53.69	52.86	45.68
51	62.47	58.28	54.07	53.25	46.13
52	66.26	62.07	57.87	53.69	49.89
53	70.86	66.26	62.07	57.87	53.69
54	75.06	73.81	66.26	62.07	57.87
55	82.62	75.06	70.46	66.26	62.07
56	90.57	82.62	78.01	70.46	69.22
57	94.79	90.18	82.20	74.64	70.03
58	102.74	94.79	86.80	82.20	74.64
59	107.76	99.39	91.41	86.80	78.84
60	116.15	107.76	99.39	91.41	86.80
61	120.75	112.37	103.98	96.00	91.01
62	129.15	123.70	111.95	106.92	95.62
63	134.99	126.18	117.38	109.00	100.61
64	150.52	138.37	126.18	117.79	109.00
65	163.09	147.58	138.37	129.53	117.79
66	173.13	160.14	147.58	135.40	126.60
67	183.17	170.18	157.17	147.97	132.47
68	199.92	183.59	170.18	157.61	147.97
69	207.86	194.02	177.27	164.27	151.27
70	225.46	208.27	191.09	177.69	161.31
71	243.86	222.91	205.33	188.55	174.72
72	259.32	241.34	219.95	202.77	188.55
73	268.50	249.67	227.90	210.28	195.63
74	281.02	261.78	239.58	221.53	203.11
75	297.33	274.69	251.66	229.88	214.42
76	311.49	284.68	261.24	241.99	219.78
77	325.67	298.42	274.17	254.49	231.46
78	341.06	315.96	287.91	264.49	243.97
79	356.49	327.59	298.75	274.46	253.56
80	372.71	343.03	313.29	288.64	263.54
81	393.13	359.24	328.74	303.22	277.73
82	411.44	379.67	344.94	318.64	288.94
83	430.18	397.57	361.60	334.45	303.92
84	447.18	409.98	376.14	344.80	313.42

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

5% Equal Increases Benefit Option

1,095 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Equal Increases Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$37.74	$37.30	$33.52	$33.14	$29.37
35-39	45.68	44.86	41.09	37.30	36.92
40-44	57.05	52.86	49.06	45.28	41.50
45-49	72.99	68.81	64.60	60.80	56.62
50	84.33	76.76	72.58	68.36	64.60
51	85.15	77.59	73.41	69.22	65.43
52	88.94	84.74	77.20	72.99	68.81
53	93.51	88.94	81.38	77.20	72.99
54	98.14	90.57	85.98	81.78	77.59
55	109.46	101.53	96.91	89.36	85.15
56	117.44	109.46	101.53	93.96	89.36
57	125.42	117.44	109.46	104.87	97.31
58	130.85	122.88	114.49	109.89	101.90
59	139.25	130.85	122.46	114.49	106.52
60	151.01	139.25	130.85	122.88	117.85
61	159.79	151.01	139.25	130.85	122.88
62	168.58	156.43	147.64	139.25	130.85
63	181.58	172.36	160.20	151.84	140.08
64	194.98	182.39	169.82	161.04	149.27
65	211.73	198.76	182.81	170.64	158.48
66	228.50	215.51	199.18	186.59	174.42
67	239.81	226.39	209.62	197.06	181.11
68	257.79	241.03	223.86	210.86	194.49
69	282.95	265.34	244.82	231.42	211.67
70	298.85	280.84	259.88	243.11	225.91
71	321.88	303.47	278.70	258.16	243.95
72	345.73	320.57	298.37	277.43	259.40
73	359.91	337.28	311.30	289.91	271.52
74	377.87	351.05	324.64	305.81	280.66
75	396.21	369.00	341.78	319.17	296.54
76	415.80	384.82	356.77	330.37	310.30
77	429.50	400.64	368.81	344.96	317.73
78	453.33	423.60	390.97	363.34	338.66
79	478.34	447.84	410.98	382.52	354.05
80	510.52	469.51	434.78	405.50	372.83
81	540.60	501.65	462.78	429.29	399.16
82	568.94	525.40	485.25	450.97	419.59
83	595.14	553.75	509.00	473.44	437.90
84	629.33	582.91	536.93	497.18	460.39

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

5% Equal Increases Benefit Option

1,825 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Equal Increases Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$46.13	$45.28	$41.50	$41.09	$37.30
35-39	63.79	59.59	55.79	52.02	48.24
40-44	79.32	72.17	67.97	64.18	63.36
45-49	102.38	98.21	90.65	86.45	79.32
50	108.25	103.63	96.09	91.88	87.70
51	112.01	104.47	99.88	95.67	91.48
52	119.57	108.64	104.04	99.88	92.31
53	124.58	119.99	112.01	104.47	100.25
54	135.92	127.96	119.99	112.42	107.81
55	147.68	142.66	131.31	126.72	115.79
56	159.44	148.09	139.70	131.75	127.13
57	168.22	156.47	148.09	140.13	132.15
58	183.35	171.57	159.84	151.87	143.49
59	192.13	179.99	168.22	159.84	148.51
60	204.73	192.56	180.39	172.02	160.25
61	213.95	204.73	189.18	177.44	165.67
62	230.27	214.34	201.78	192.98	177.86
63	247.04	234.05	218.10	205.95	193.81
64	267.61	251.25	234.90	219.38	206.79
65	288.57	268.86	252.06	236.12	223.54
66	310.37	289.79	269.68	253.32	240.31
67	329.20	311.60	287.69	267.94	254.56
68	355.59	334.21	309.89	289.76	272.56
69	385.77	363.98	335.87	315.33	297.72
70	416.36	387.83	362.27	337.95	319.90
71	445.21	415.89	386.54	361.80	340.01
72	480.84	447.70	417.54	391.96	363.44
73	503.80	469.84	435.90	409.91	380.58
74	524.67	489.86	455.08	428.30	395.14
75	549.69	510.71	475.11	444.50	416.88
76	572.19	535.75	495.96	464.54	429.74
77	596.35	555.29	514.65	482.44	446.83
78	630.58	585.36	543.48	507.05	470.62
79	666.47	619.99	576.91	536.26	501.96
80	709.52	658.86	611.14	572.65	530.79
81	748.32	696.00	643.70	603.93	557.87
82	791.72	737.74	680.82	633.54	589.19
83	840.15	781.16	722.58	673.63	625.09
84	890.63	826.62	765.97	712.43	662.23

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

5% Equal Increases Benefit Option

2,920 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Equal Increases Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$64.18	$59.98	$56.22	$52.41	$52.02
35-39	78.90	75.10	70.90	67.16	63.36
40-44	98.61	91.06	86.87	79.71	78.90
45-49	129.26	121.28	113.71	109.55	101.99
50	138.88	130.92	122.94	115.36	111.20
51	143.08	135.11	127.13	119.57	114.98
52	147.26	139.30	131.31	123.75	119.15
53	159.03	154.00	142.66	138.05	127.13
54	174.13	162.81	154.41	146.43	141.83
55	186.31	177.93	166.15	158.18	150.21
56	201.43	189.67	177.93	169.91	158.60
57	214.00	205.20	190.09	178.75	170.38
58	223.20	211.03	198.88	190.49	178.75
59	242.51	229.91	214.40	202.65	190.91
60	255.09	236.18	223.63	211.87	199.71
61	271.45	255.50	239.56	227.41	215.24
62	287.79	268.52	252.12	239.95	224.45
63	309.17	292.41	272.70	260.12	241.21
64	330.57	310.43	290.28	274.35	261.34
65	355.72	335.15	314.62	298.24	281.89
66	384.65	360.75	336.41	319.64	299.91
67	411.05	383.35	358.61	338.44	317.91
68	442.05	416.87	388.38	364.45	343.48
69	480.17	447.90	418.94	394.61	369.89
70	522.54	489.82	456.68	431.53	403.41
71	566.09	529.20	492.30	463.35	434.43
72	607.14	569.43	531.69	498.96	469.19
73	645.21	603.72	561.79	528.25	494.71
74	678.24	635.46	592.72	558.36	521.02
75	718.80	671.83	624.91	586.34	548.22
76	760.61	712.43	661.31	621.89	579.58
77	801.11	748.32	695.93	652.34	608.78
78	850.88	793.90	736.90	689.15	644.33
79	896.42	837.77	779.54	730.55	681.52
80	949.48	886.67	823.45	773.19	716.61
81	1001.71	936.81	868.95	814.12	759.24
82	1061.87	991.96	919.08	859.62	800.18
83	1124.52	1046.22	971.29	910.17	846.12
84	1182.92	1102.56	1022.20	956.07	886.97

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

5% Equal Increases Benefit Option

Unlimited Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Equal Increases Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$72.17	$65.00	$64.18	$60.43	$56.62
35-39	94.01	86.87	82.67	78.90	78.07
40-44	117.10	112.90	105.32	101.17	94.01
45-49	155.30	144.37	136.39	128.84	124.65
50	164.93	153.60	145.62	138.05	133.45
51	169.10	157.77	149.80	142.25	137.65
52	170.38	165.34	154.00	146.43	141.83
53	185.87	174.55	166.15	158.18	150.64
54	198.05	189.67	177.93	169.91	161.99
55	216.94	205.20	193.45	185.48	174.13
56	236.25	221.14	208.97	197.64	189.24
57	249.25	233.71	221.56	213.17	201.43
58	265.19	252.61	237.09	225.33	213.59
59	281.14	265.59	249.66	237.93	225.76
60	297.91	278.61	262.64	250.47	238.31
61	314.69	295.36	278.99	263.48	251.30
62	338.18	318.44	298.76	283.19	267.24
63	359.95	339.83	319.70	303.74	287.79
64	391.85	364.99	344.44	328.08	308.78
65	414.85	390.97	366.65	346.91	330.15
66	448.01	420.31	395.57	375.43	354.87
67	484.91	453.44	424.89	404.36	380.46
68	517.12	484.85	455.92	431.59	407.25
69	556.55	523.41	490.69	462.59	440.78
70	600.10	566.58	529.65	501.14	472.22
71	647.86	610.15	569.45	540.12	507.42
72	693.94	652.00	610.53	577.36	543.83
73	736.22	693.47	647.76	610.44	573.11
74	779.74	732.80	682.91	644.77	606.60
75	821.12	770.00	718.86	679.89	637.53
76	867.13	814.75	759.45	716.26	673.12
77	914.39	854.43	797.88	750.51	706.08
78	962.02	900.85	839.69	788.15	739.51
79	1010.90	945.14	882.72	829.95	777.15
80	1061.45	994.03	927.00	872.97	818.95
81	1117.03	1044.98	972.95	914.73	859.02
82	1171.28	1094.22	1020.54	960.67	897.40
83	1230.99	1148.48	1069.78	1005.29	940.41
84	1292.33	1204.82	1120.69	1051.18	984.65

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

5% Compound Benefit Option

365 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$32.31	$31.89	$28.10	$27.70	$23.92
35-39	36.09	35.65	31.89	31.48	27.70
40-44	46.60	42.83	39.03	35.27	34.83
45-49	57.93	53.72	49.95	46.17	42.38
50	58.75	57.93	50.76	46.99	43.21
51	59.15	55.37	51.19	47.40	46.60
52	62.51	58.75	54.55	50.76	49.95
53	66.72	59.59	55.37	51.59	47.40
54	67.53	63.36	59.15	52.02	51.19
55	78.07	70.51	66.33	62.11	54.98
56	78.90	74.71	67.16	62.95	55.79
57	89.41	81.83	74.25	70.09	65.88
58	87.29	82.67	75.10	70.90	63.36
59	94.84	83.93	79.32	71.74	67.53
60	99.05	91.48	83.49	75.94	71.33
61	103.63	95.67	87.70	80.14	75.54
62	107.81	99.88	91.88	87.29	76.36
63	112.84	107.81	96.48	88.52	83.93
64	120.81	109.46	101.09	93.15	85.15
65	129.20	117.44	109.07	101.09	92.71
66	134.62	125.83	114.08	105.69	94.35
67	143.44	134.62	122.46	114.08	102.34
68	145.94	136.71	124.53	112.76	103.98
69	158.48	145.94	133.35	124.53	112.37
70	161.39	148.39	135.83	123.63	114.43
71	167.63	154.65	141.66	132.47	119.87
72	177.69	161.31	147.91	135.33	125.73
73	181.37	170.96	154.18	141.19	128.21
74	188.49	174.64	157.50	144.07	134.03
75	193.03	175.43	161.18	150.77	133.98
76	200.96	182.93	168.29	154.45	140.24
77	205.91	190.85	172.42	158.23	143.97
78	214.23	198.73	179.93	165.26	150.65
79	223.40	207.08	187.84	172.76	157.72
80	235.90	212.86	196.16	180.70	161.85
81	245.47	224.98	204.49	188.58	169.34
82	252.47	231.17	210.27	190.61	173.91
83	262.88	241.12	219.42	202.30	182.22
84	277.48	251.97	229.40	208.49	187.59

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

5% Compound Benefit Option

730 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$46.99	$43.21	$39.43	$35.65	$35.27
35-39	64.23	57.09	53.31	49.56	45.77
40-44	72.22	71.38	64.23	60.45	56.68
45-49	94.09	83.55	79.34	72.22	71.38
50	92.36	88.17	80.62	76.41	69.26
51	92.78	88.56	81.00	76.82	69.69
52	96.55	89.01	81.44	77.24	70.09
53	101.17	96.55	89.01	84.80	77.24
54	108.72	100.75	93.19	85.63	81.44
55	116.28	108.72	100.75	93.19	85.63
56	124.23	116.28	108.28	100.75	96.14
57	138.53	127.17	119.24	111.68	103.70
58	146.50	135.17	123.82	115.85	104.95
59	148.15	139.78	128.44	120.45	112.50
60	153.15	144.78	133.04	125.06	113.71
61	164.50	152.76	141.01	129.66	121.28
62	172.88	160.73	148.99	140.59	129.26
63	182.10	169.91	157.77	146.03	137.65
64	197.64	182.10	166.58	154.82	142.66
65	206.86	187.97	175.37	163.18	148.09
66	220.24	203.92	187.97	175.78	160.25
67	230.27	213.95	197.56	185.01	166.12
68	243.68	223.98	207.21	191.26	178.27
69	251.62	234.41	214.30	197.93	181.58
70	265.84	245.29	224.74	207.96	191.62
71	277.52	256.57	235.61	215.47	201.65
72	289.62	264.89	243.49	222.97	208.74
73	298.77	276.58	254.80	233.84	215.82
74	314.67	292.04	266.51	245.09	226.70
75	327.61	298.26	275.23	253.44	234.61
76	338.41	311.62	284.80	265.56	239.99
77	349.22	318.61	294.36	271.33	248.30
78	364.62	336.16	308.12	284.68	260.82
79	380.03	347.78	318.94	294.65	270.40
80	399.63	369.97	336.87	308.83	283.73
81	420.07	386.18	352.29	323.40	294.54
82	435.02	399.87	365.14	335.48	305.74
83	460.45	421.11	385.17	354.65	324.12
84	477.47	436.91	399.71	368.34	333.61

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

5% Compound Benefit Option

1,095 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$61.28	$57.49	$53.72	$49.95	$49.56
35-39	75.99	75.18	68.02	64.23	60.45
40-44	94.09	89.89	82.72	78.95	71.79
45-49	113.38	109.20	101.64	94.46	90.28
50	124.71	117.14	109.61	105.39	98.26
51	122.18	114.63	107.07	102.87	95.74
52	129.32	118.40	110.86	106.65	99.10
53	133.90	129.32	118.40	110.86	106.65
54	145.26	134.34	126.36	118.80	111.24
55	156.59	145.26	137.29	129.74	122.18
56	164.57	156.59	145.26	134.34	129.74
57	179.27	167.92	156.59	148.64	137.71
58	184.68	173.36	161.62	153.65	145.67
59	193.08	181.35	169.59	158.24	150.28
60	204.86	189.73	177.95	166.63	158.24
61	213.65	201.48	186.35	177.95	163.27
62	225.80	213.65	198.12	186.35	174.61
63	242.17	226.21	210.69	198.94	183.83
64	252.19	236.25	220.32	208.16	193.04
65	268.96	252.61	233.31	217.77	202.24
66	289.09	269.38	249.66	237.09	218.20
67	303.74	283.63	263.48	247.53	228.24
68	321.77	298.24	277.72	261.34	241.63
69	336.79	315.86	291.93	275.17	255.42
70	356.06	331.33	307.02	286.85	266.30
71	372.36	350.58	322.46	301.93	280.95
72	389.47	360.96	335.39	311.07	293.06
73	403.66	374.32	348.34	323.58	301.81
74	421.60	394.80	365.03	342.83	314.33
75	443.33	412.73	382.17	356.19	330.21
76	459.58	425.21	393.81	367.38	340.59
77	476.63	444.39	409.21	382.00	354.76
78	500.46	467.38	431.37	400.37	372.30
79	525.47	491.60	451.36	419.56	387.70
80	550.93	509.91	471.81	439.14	406.49
81	580.99	538.70	496.44	462.95	426.07
82	605.96	562.45	518.92	481.26	446.52
83	632.17	584.07	539.29	500.37	464.83
84	659.65	613.23	563.86	524.10	483.94

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

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BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

5% Compound Benefit Option

1,825 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$79.79	$78.95	$71.79	$68.02	$64.23
35-39	104.18	99.99	92.82	89.02	81.90
40-44	126.45	119.29	111.73	104.57	100.37
45-49	159.62	152.06	141.13	133.57	126.45
50	165.46	157.49	146.56	138.99	131.44
51	169.23	158.31	150.35	142.77	135.22
52	173.43	159.13	151.16	143.62	136.04
53	178.44	170.49	159.13	151.59	140.65
54	193.16	181.81	170.49	159.55	151.59
55	208.26	199.89	185.17	177.22	166.28
56	223.39	208.66	196.93	185.61	177.62
57	235.52	223.77	208.66	197.34	186.01
58	250.68	235.52	220.42	209.09	197.34
59	266.19	250.68	232.16	220.42	205.72
60	278.78	259.88	244.35	232.60	217.49
61	291.34	275.39	256.48	241.39	226.26
62	300.97	285.03	265.71	253.54	235.08
63	324.46	308.12	285.43	269.91	254.39
64	345.03	325.31	302.22	283.31	267.37
65	369.36	346.27	322.73	303.46	284.14
66	394.51	370.57	343.72	324.01	304.28
67	413.33	389.00	361.73	338.63	318.49
68	439.73	415.00	383.92	360.42	339.89
69	466.55	438.02	406.56	382.64	358.30
70	493.76	461.87	429.57	401.89	377.13
71	522.64	489.93	453.87	425.73	397.24
72	554.89	515.01	481.48	452.54	420.65
73	581.22	540.53	503.21	470.50	437.78
74	605.43	567.27	525.77	492.23	459.09
75	633.82	591.48	549.17	511.82	480.84
76	663.08	616.53	573.34	535.21	500.45
77	693.93	646.18	598.80	559.84	520.86
78	731.55	679.62	631.01	587.84	548.03
79	767.48	714.25	664.42	620.43	576.03
80	817.21	756.49	702.03	656.82	611.58
81	856.03	796.97	737.95	691.46	638.67
82	902.81	838.71	775.06	721.07	669.98
83	951.22	885.49	816.81	764.52	705.86
84	1001.68	930.95	860.22	803.29	743.00

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

5% Compound Benefit Option

2,920 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$104.57	$100.37	$93.25	$89.45	$82.30
35-39	132.74	125.61	118.03	110.91	103.75
40-44	162.56	151.63	144.07	136.95	129.40
45-49	199.94	188.59	177.68	170.13	162.56
50	206.20	194.86	183.53	172.60	165.04
51	210.38	199.07	187.70	176.78	172.20
52	214.57	199.89	188.55	177.62	169.66
53	229.69	217.95	203.24	195.28	184.34
54	244.80	226.74	214.99	203.66	195.68
55	260.36	245.26	230.12	218.76	207.44
56	278.83	260.36	245.26	233.89	219.18
57	294.78	279.27	260.77	246.07	234.32
58	307.35	291.81	272.91	261.18	246.07
59	326.66	307.35	288.45	273.35	258.23
60	342.60	320.34	301.02	285.91	270.41
61	355.58	336.28	313.61	298.08	282.55
62	375.32	349.29	329.55	310.66	295.12
63	396.68	376.56	350.11	330.79	311.89
64	421.44	397.94	371.06	351.76	332.03
65	449.96	422.67	395.39	375.66	352.59
66	482.25	448.26	420.54	397.05	373.96
67	505.29	474.22	442.74	415.88	391.96
68	539.67	504.38	472.51	445.22	420.88
69	571.05	535.40	499.71	468.67	443.93
70	606.66	567.22	530.73	502.21	467.36
71	640.15	599.90	559.61	527.31	495.01
72	681.19	640.11	595.63	559.55	526.43
73	715.88	667.67	622.39	585.48	548.57
74	748.91	699.44	653.31	615.60	574.87
75	782.74	732.42	682.12	640.19	598.71
76	817.82	766.26	711.78	669.03	623.32
77	854.97	798.80	743.06	696.12	649.17
78	904.74	844.38	784.02	732.90	688.09
79	950.26	891.64	826.67	774.33	721.93
80	1010.07	940.50	873.94	820.30	763.73
81	1062.29	990.67	919.43	861.25	803.02
82	1125.82	1049.16	972.95	910.11	847.30
83	1181.76	1103.45	1021.76	957.31	889.85
84	1243.51	1159.79	1076.05	1006.54	934.09

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

5% Compound Benefit Option

Unlimited Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	$119.29	$112.13	$107.93	$104.18	$97.02
35-39	154.58	144.07	136.52	129.40	125.19
40-44	194.49	183.59	172.65	165.10	157.97
45-49	236.08	221.78	210.43	199.52	191.98
50	242.31	230.99	216.30	205.35	197.42
51	246.52	235.19	220.47	209.57	201.58
52	247.77	236.02	221.31	210.38	202.40
53	266.65	248.61	236.86	225.50	214.57
54	285.56	270.45	255.33	243.97	232.64
55	304.45	289.33	270.88	256.16	244.80
56	327.11	305.27	289.75	275.04	263.29
57	346.84	327.95	309.05	293.95	282.22
58	362.79	346.84	324.60	309.47	294.36
59	385.48	359.82	340.54	322.05	309.89
60	402.24	379.58	356.87	341.36	322.47
61	422.38	396.34	373.23	354.35	335.46
62	442.50	416.04	389.62	370.70	351.38
63	471.04	444.16	417.31	397.99	375.32
64	502.94	469.32	442.02	422.31	396.28
65	529.30	498.67	467.63	441.15	421.01
66	562.43	528.01	496.54	469.66	445.78
67	602.70	564.49	529.24	501.98	474.69
68	631.57	592.54	556.89	525.83	498.13
69	667.60	627.76	588.31	556.84	524.91
70	707.81	664.18	623.88	588.65	556.34
71	748.83	704.40	656.97	620.90	584.84
72	788.17	739.51	691.29	651.41	614.51
73	827.10	777.61	725.18	684.50	643.79
74	863.87	810.22	756.94	715.43	670.54
75	905.26	847.41	792.89	750.59	704.86
76	944.54	885.44	826.76	780.20	730.32
77	991.78	928.46	865.18	814.45	766.67
78	1039.44	971.53	907.00	852.07	800.10
79	1091.67	1022.57	953.39	897.25	841.08
80	1148.98	1074.81	1001.06	943.67	882.88
81	1204.53	1125.76	1050.34	985.39	926.34
82	1262.17	1178.35	1097.93	1031.34	964.71
83	1321.87	1235.98	1150.55	1079.34	1011.10
84	1386.59	1292.33	1204.81	1131.95	1058.69

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

Without Increasing Benefit Option

365 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	6.18	5.64	5.12	4.58	4.58
19	6.44	5.90	5.37	4.83	4.83
20	6.71	6.18	5.64	5.12	5.12
21	6.98	6.44	5.90	5.12	5.12
22	7.26	6.71	6.18	5.37	5.37
23	7.51	6.98	6.44	5.64	5.64
24	8.06	7.26	6.71	5.90	5.90
25	8.33	7.51	6.98	6.18	6.18
26	8.59	8.06	7.26	6.44	6.44
27	9.13	8.33	7.51	6.71	6.71
28	9.41	8.59	7.79	6.98	6.98
29	9.94	9.13	8.33	7.26	7.26
30	10.21	9.41	8.59	7.79	7.79
31	10.73	9.94	8.87	8.06	8.06
32	11.27	10.21	9.41	8.33	8.33
33	11.81	10.73	9.67	8.87	8.87
34	12.34	11.27	10.21	9.13	9.13
35	13.96	12.89	11.81	10.73	9.67
36	14.49	13.42	12.34	11.27	9.94
37	15.32	13.96	12.89	11.81	10.48
38	16.11	14.77	13.42	12.34	11.02
39	16.65	15.57	14.24	12.89	11.54
40	18.79	17.46	16.11	14.77	13.42
41	19.87	18.52	16.92	15.57	14.24
42	20.68	19.32	17.71	16.38	14.77
43	21.75	20.14	18.79	17.17	15.57
44	22.83	21.21	19.60	18.00	16.38
45	27.38	25.77	24.15	22.29	20.68
46	28.98	27.11	25.23	23.36	21.75
47	30.33	28.46	26.58	24.69	22.83
48	31.94	30.06	27.90	26.06	23.91
49	33.82	31.68	29.52	27.38	25.23
50	38.39	35.44	32.49	29.52	29.52
51	38.39	35.44	32.49	29.52	29.52
52	41.34	35.44	32.49	32.49	29.52
53	41.34	38.39	35.44	32.49	29.52
54	41.34	41.34	35.44	35.44	32.49
55	44.29	41.34	38.39	35.44	32.49
56	50.21	44.29	41.34	38.39	35.44
57	50.21	47.25	41.34	38.39	38.39
58	50.21	47.25	44.29	38.39	38.39
59	56.11	50.21	47.25	41.34	38.39
60	56.11	53.15	47.25	44.29	41.34
61	59.06	56.11	50.21	47.25	44.29
62	62.02	56.11	53.15	50.21	44.29
63	64.95	59.06	53.15	50.21	47.25
64	67.92	62.02	56.11	53.15	47.25
65	70.85	64.95	59.06	56.11	50.21
66	73.83	67.92	62.02	59.06	53.15
67	76.76	70.85	64.95	59.06	56.11
68	82.66	76.76	67.92	64.95	59.06
69	85.62	79.73	73.83	64.95	62.02
70	88.57	82.66	73.83	67.92	62.02
71	94.47	85.62	79.73	73.83	64.95
72	97.43	88.57	79.73	73.83	67.92
73	100.39	91.53	82.66	76.76	70.85
74	103.34	94.47	85.62	79.73	70.85
75	103.34	94.47	88.57	79.73	73.83
76	106.29	97.43	88.57	79.73	73.83
77	106.29	97.43	88.57	82.66	73.83
78	109.24	100.39	91.53	85.62	76.76
79	112.19	103.34	94.47	85.62	76.76
80	115.16	106.29	94.47	88.57	79.73
81	115.16	106.29	97.43	88.57	79.73
82	118.10	106.29	97.43	88.57	82.66
83	118.10	109.24	97.43	91.53	82.66
84	118.10	109.24	97.43	91.53	82.66

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

Without Increasing Benefit Option

730 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	7.26	6.71	6.18	5.64	5.12
19	7.51	6.98	6.44	5.90	5.37
20	7.79	7.26	6.71	6.18	5.64
21	8.06	7.51	6.98	6.44	5.90
22	8.59	7.79	7.26	6.71	6.18
23	8.87	8.33	7.51	6.98	6.44
24	9.41	8.59	8.06	7.26	6.71
25	9.67	8.87	8.33	7.51	6.98
26	10.21	9.41	8.59	8.06	7.26
27	10.48	9.94	9.13	8.33	7.51
28	11.02	10.21	9.41	8.59	7.79
29	11.54	10.73	9.94	9.13	8.33
30	12.10	11.27	10.21	9.41	8.59
31	12.62	11.54	10.73	9.94	8.87
32	13.16	12.10	11.27	10.21	9.41
33	13.70	12.62	11.81	10.73	9.67
34	14.49	13.42	12.34	11.27	10.21
35	16.11	15.04	13.96	12.89	11.81
36	16.92	15.85	14.49	13.42	12.34
37	17.71	16.38	15.32	13.96	12.89
38	18.52	17.17	16.11	14.77	13.42
39	19.32	18.00	16.65	15.57	14.24
40	23.07	21.75	20.40	18.79	17.46
41	24.15	22.55	21.21	19.87	18.52
42	25.23	23.91	22.29	20.68	19.32
43	26.58	24.98	23.36	21.75	20.14
44	27.90	26.30	24.44	22.83	21.21
45	37.85	36.25	32.74	30.89	29.27
46	39.72	37.85	34.36	32.49	30.60
47	41.86	40.00	36.25	34.09	32.21
48	44.02	42.15	38.11	35.96	34.09
49	46.45	44.29	40.00	37.85	35.71
50	47.25	47.25	41.34	41.34	35.44
51	53.15	47.25	44.29	41.34	38.39
52	53.15	50.21	47.25	44.29	41.34
53	56.11	53.15	50.21	44.29	44.29
54	59.06	53.15	50.21	47.25	44.29
55	62.02	56.11	53.15	50.21	47.25
56	64.95	59.06	56.11	53.15	50.21
57	67.92	64.95	59.06	56.11	53.15
58	73.83	67.92	62.02	59.06	53.15
59	76.76	70.85	64.95	59.06	56.11
60	79.73	73.83	67.92	64.95	59.06
61	85.62	79.73	73.83	67.92	62.02
62	88.57	82.66	76.76	70.85	64.95
63	94.47	85.62	79.73	73.83	67.92
64	97.43	91.53	85.62	76.76	70.85
65	103.34	94.47	88.57	82.66	73.83
66	109.24	100.39	91.53	85.62	79.73
67	115.16	106.29	97.43	91.53	85.62
68	121.05	112.19	103.34	94.47	88.57
69	126.97	118.10	106.29	100.39	91.53
70	132.87	124.00	112.19	106.29	97.43
71	138.78	126.97	118.10	109.24	100.39
72	147.62	135.81	124.00	115.16	106.29
73	150.58	138.78	126.97	118.10	106.29
74	153.54	141.72	129.91	121.05	109.24
75	156.49	144.68	132.87	124.00	112.19
76	159.44	147.62	135.81	124.00	115.16
77	162.39	150.58	138.78	126.97	115.16
78	168.30	153.54	141.72	129.91	118.10
79	171.25	159.44	144.68	132.87	121.05
80	177.15	162.39	147.62	135.81	124.00
81	180.12	165.35	150.58	138.78	126.97
82	183.05	168.30	153.54	141.72	129.91
83	186.02	168.30	153.54	141.72	129.91
84	186.02	171.25	156.49	144.68	129.91

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

Without Increasing Benefit Option

1,095 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	8.33	7.79	7.26	6.71	6.18
19	8.59	8.06	7.51	6.98	6.44
20	8.87	8.33	7.79	7.26	6.71
21	9.41	8.87	8.06	7.51	6.98
22	9.67	9.13	8.59	7.79	7.26
23	10.21	9.67	8.87	8.33	7.51
24	10.73	9.94	9.41	8.59	8.06
25	11.02	10.48	9.67	8.87	8.33
26	11.54	10.73	10.21	9.41	8.59
27	12.10	11.27	10.48	9.94	9.13
28	12.62	11.81	11.02	10.21	9.41
29	13.16	12.34	11.54	10.73	9.94
30	13.70	12.89	12.10	11.27	10.21
31	14.49	13.42	12.62	11.54	10.73
32	15.04	14.24	13.16	12.10	11.27
33	15.85	14.77	13.70	12.62	11.81
34	16.38	15.32	14.49	13.42	12.34
35	19.32	18.25	17.17	16.11	15.04
36	20.14	19.08	18.00	16.92	15.85
37	21.21	20.14	18.79	17.71	16.38
38	22.29	20.94	19.60	18.52	17.17
39	23.36	22.01	20.68	19.32	18.00
40	28.46	25.77	24.44	23.07	21.75
41	29.81	26.85	25.50	24.15	22.55
42	31.13	28.19	26.85	25.23	23.91
43	32.74	29.52	28.19	26.58	24.98
44	34.36	31.13	29.52	27.90	26.30
45	44.83	42.94	39.47	37.85	34.36
46	46.98	45.37	41.62	39.72	36.25
47	49.38	47.52	43.75	41.86	38.11
48	52.07	49.92	46.17	44.02	40.00
49	54.76	52.61	48.59	46.45	42.15
50	62.02	56.11	53.15	50.21	47.25
51	62.02	59.06	53.15	53.15	47.25
52	64.95	59.06	56.11	53.15	50.21
53	67.92	62.02	59.06	56.11	53.15
54	73.83	67.92	64.95	59.06	56.11
55	76.76	70.85	67.92	62.02	59.06
56	79.73	73.83	70.85	64.95	62.02
57	85.62	79.73	73.83	70.85	64.95
58	88.57	82.66	76.76	73.83	67.92
59	94.47	85.62	82.66	76.76	73.83
60	97.43	94.47	85.62	79.73	76.76
61	103.34	97.43	88.57	85.62	79.73
62	106.29	100.39	94.47	88.57	82.66
63	115.16	109.24	100.39	94.47	88.57
64	121.05	112.19	106.29	100.39	94.47
65	126.97	118.10	109.24	103.34	97.43
66	135.81	124.00	115.16	109.24	103.34
67	141.72	132.87	124.00	115.16	109.24
68	150.58	138.78	129.91	121.05	115.16
69	159.44	147.62	138.78	129.91	121.05
70	168.30	156.49	144.68	135.81	124.00
71	174.20	162.39	150.58	141.72	132.87
72	183.05	171.25	156.49	147.62	135.81
73	188.95	177.15	162.39	153.54	141.72
74	194.86	180.12	168.30	156.49	144.68
75	200.76	186.02	171.25	159.44	147.62
76	203.72	188.95	174.20	162.39	150.58
77	206.67	191.93	177.15	165.35	153.54
78	212.57	197.83	183.05	171.25	159.44
79	218.48	203.72	188.95	174.20	162.39
80	224.38	209.63	191.93	180.12	165.35
81	230.28	215.53	197.83	183.05	168.30
82	236.20	218.48	200.76	186.02	171.25
83	239.15	221.44	203.72	188.95	174.20
84	242.10	221.44	206.67	191.93	177.15

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

Without Increasing Benefit Option

1,825 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	9.41	8.87	8.33	7.79	7.26
19	9.67	9.13	8.59	8.06	7.51
20	10.21	9.67	8.87	8.33	7.79
21	10.48	9.94	9.41	8.87	8.06
22	11.02	10.48	9.67	9.13	8.59
23	11.54	10.73	10.21	9.67	8.87
24	12.10	11.27	10.73	9.94	9.41
25	12.62	11.81	11.02	10.48	9.67
26	13.16	12.34	11.54	10.73	10.21
27	13.70	12.89	12.10	11.27	10.48
28	14.24	13.42	12.62	11.81	11.02
29	14.77	13.96	13.16	12.34	11.54
30	15.57	14.77	13.70	12.89	12.10
31	16.11	15.32	14.49	13.42	12.62
32	16.92	16.11	15.04	14.24	13.16
33	17.71	16.65	15.85	14.77	13.70
34	18.52	17.46	16.38	15.32	14.49
35	23.63	21.48	20.40	19.32	18.25
36	24.69	22.55	21.48	20.14	19.08
37	26.06	23.63	22.29	21.21	20.14
38	27.11	24.69	23.36	22.29	20.94
39	28.46	25.77	24.44	23.36	22.01
40	33.82	31.13	29.81	28.46	27.11
41	35.44	32.74	31.13	29.81	28.46
42	37.31	34.36	32.74	31.13	29.81
43	38.92	35.96	34.36	32.74	31.13
44	41.08	37.58	35.96	34.36	32.74
45	55.04	51.81	48.32	46.45	42.94
46	57.98	54.22	50.73	48.86	45.37
47	60.94	57.19	53.42	51.29	47.52
48	64.15	60.12	56.11	53.96	49.92
49	67.65	63.34	59.06	56.90	52.61
50	73.83	67.92	64.95	62.02	59.06
51	73.83	70.85	64.95	62.02	59.06
52	79.73	73.83	70.85	64.95	62.02
53	82.66	76.76	73.83	67.92	64.95
54	88.57	82.66	76.76	73.83	70.85
55	94.47	88.57	82.66	79.73	73.83
56	97.43	91.53	85.62	82.66	76.76
57	103.34	97.43	91.53	85.62	82.66
58	109.24	103.34	97.43	91.53	85.62
59	115.16	109.24	100.39	94.47	91.53
60	121.05	112.19	106.29	100.39	94.47
61	126.97	121.05	112.19	103.34	100.39
62	132.87	124.00	118.10	109.24	103.34
63	141.72	132.87	124.00	118.10	109.24
64	147.62	138.78	129.91	121.05	115.16
65	159.44	147.62	138.78	129.91	121.05
66	168.30	156.49	147.62	138.78	129.91
67	177.15	165.35	153.54	144.68	135.81
68	188.95	174.20	162.39	153.54	144.68
69	197.83	186.02	171.25	162.39	150.58
70	209.63	197.83	183.05	171.25	159.44
71	221.44	206.67	191.93	180.12	168.30
72	233.25	218.48	200.76	188.95	177.15
73	242.10	224.38	209.63	194.86	183.05
74	250.97	233.25	215.53	203.72	188.95
75	256.86	239.15	221.44	209.63	194.86
76	262.78	245.07	227.34	212.57	197.83
77	268.68	250.97	233.25	218.48	203.72
78	277.53	259.82	239.15	224.38	209.63
79	286.40	265.72	248.01	230.28	215.53
80	295.25	274.59	253.91	236.20	221.44
81	301.14	280.49	259.82	242.10	224.38
82	310.03	286.40	265.72	248.01	230.28
83	315.93	292.30	268.68	250.97	233.25
84	318.86	295.25	274.59	253.91	236.20

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

Without Increasing Benefit Option

2,920 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	10.48	9.94	9.41	8.87	8.33
19	10.73	10.21	9.67	9.13	8.59
20	11.27	10.73	10.21	9.67	8.87
21	11.81	11.27	10.48	9.94	9.41
22	12.34	11.54	11.02	10.48	9.67
23	12.89	12.10	11.54	10.73	10.21
24	13.42	12.62	12.10	11.27	10.73
25	13.96	13.16	12.62	11.81	11.02
26	14.49	13.70	13.16	12.34	11.54
27	15.04	14.49	13.70	12.89	12.10
28	15.85	15.04	14.24	13.42	12.62
29	16.65	15.57	14.77	13.96	13.16
30	17.17	16.38	15.57	14.77	13.70
31	18.00	17.17	16.11	15.32	14.49
32	18.79	18.00	16.92	16.11	15.04
33	19.60	18.79	17.71	16.65	15.85
34	20.68	19.60	18.52	17.46	16.38
35	25.77	23.63	22.55	21.48	20.40
36	27.11	24.69	23.63	22.55	21.48
37	28.19	26.06	24.69	23.63	22.29
38	29.52	27.11	26.06	24.69	23.36
39	31.13	28.46	27.11	25.77	24.44
40	37.85	36.50	33.82	32.49	31.13
41	39.72	38.39	35.44	34.09	32.74
42	41.62	40.27	37.31	35.71	34.36
43	43.75	42.15	38.92	37.58	35.96
44	45.90	44.29	41.08	39.47	37.58
45	62.02	58.51	55.04	51.81	49.92
46	65.23	61.47	57.98	54.22	52.61
47	68.46	64.69	60.94	57.19	55.28
48	72.21	68.18	64.15	60.12	57.98
49	75.96	71.67	67.65	63.34	61.20
50	85.62	79.73	73.83	70.85	67.92
51	85.62	79.73	76.76	73.83	67.92
52	88.57	85.62	79.73	76.76	70.85
53	94.47	91.53	85.62	79.73	76.76
54	100.39	94.47	88.57	85.62	79.73
55	106.29	100.39	94.47	88.57	82.66
56	112.19	106.29	100.39	94.47	91.53
57	118.10	112.19	106.29	100.39	94.47
58	124.00	118.10	109.24	106.29	100.39
59	129.91	121.05	115.16	109.24	103.34
60	135.81	129.91	121.05	115.16	109.24
61	144.68	135.81	126.97	121.05	112.19
62	150.58	141.72	132.87	126.97	118.10
63	159.44	150.58	141.72	132.87	124.00
64	174.20	162.39	150.58	144.68	135.81
65	183.05	171.25	159.44	150.58	141.72
66	194.86	183.05	171.25	159.44	153.54
67	206.67	194.86	183.05	171.25	162.39
68	218.48	206.67	191.93	183.05	171.25
69	236.20	221.44	203.72	194.86	180.12
70	248.01	233.25	218.48	203.72	191.93
71	262.78	248.01	230.28	215.53	203.72
72	277.53	259.82	242.10	227.34	212.57
73	286.40	268.68	250.97	236.20	221.44
74	295.25	277.53	256.86	242.10	227.34
75	307.04	286.40	265.72	250.97	233.25
76	312.96	292.30	271.63	256.86	239.15
77	318.86	298.22	277.53	259.82	242.10
78	330.67	310.03	286.40	268.68	250.97
79	342.48	318.86	295.25	277.53	259.82
80	351.35	327.73	304.11	283.43	265.72
81	360.19	333.63	310.03	292.30	271.63
82	366.11	342.48	318.86	298.22	277.53
83	372.01	348.38	321.81	301.14	280.49
84	377.92	351.35	324.77	304.11	283.43

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

Without Increasing Benefit Option

Unlimited Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	12.34	11.27	10.73	10.48	9.94
19	12.89	11.81	11.27	10.73	10.21
20	13.42	12.34	11.81	11.27	10.73
21	14.24	12.89	12.34	11.81	11.27
22	14.77	13.42	12.89	12.34	11.54
23	15.32	13.96	13.42	12.89	12.10
24	16.11	14.77	13.96	13.42	12.62
25	16.65	15.32	14.49	13.96	13.16
26	17.46	16.11	15.32	14.49	13.70
27	18.25	16.65	15.85	15.04	14.49
28	19.08	17.46	16.65	15.85	15.04
29	19.87	18.25	17.46	16.65	15.57
30	20.68	19.08	18.25	17.17	16.38
31	21.75	19.87	19.08	18.00	17.17
32	22.55	20.68	19.87	18.79	18.00
33	23.63	21.75	20.68	19.60	18.79
34	24.69	22.55	21.75	20.68	19.60
35	30.06	28.98	26.85	25.77	24.69
36	31.68	30.33	28.19	27.11	26.06
37	33.02	31.94	29.52	28.19	27.11
38	34.64	33.28	30.89	29.52	28.46
39	36.25	34.88	32.21	31.13	29.81
40	46.17	43.47	40.80	39.19	36.50
41	48.32	45.37	42.67	41.08	38.39
42	50.73	47.78	44.55	43.23	40.27
43	53.15	49.92	46.98	45.37	42.15
44	55.84	52.61	49.13	47.52	44.29
45	74.07	69.00	65.49	62.02	60.40
46	77.83	72.47	68.72	65.23	63.34
47	81.86	76.22	72.47	68.46	66.57
48	86.17	80.26	76.22	72.21	70.05
49	90.72	84.56	80.26	75.96	73.83
50	97.43	94.47	85.62	82.66	79.73
51	100.39	97.43	91.53	85.62	82.66
52	106.29	100.39	94.47	88.57	85.62
53	109.24	103.34	97.43	94.47	88.57
54	118.10	109.24	103.34	100.39	94.47
55	124.00	118.10	112.19	106.29	100.39
56	132.87	124.00	118.10	112.19	106.29
57	138.78	132.87	124.00	118.10	112.19
58	147.62	138.78	129.91	124.00	118.10
59	153.54	144.68	135.81	129.91	124.00
60	162.39	150.58	144.68	135.81	129.91
61	168.30	159.44	150.58	144.68	135.81
62	177.15	168.30	156.49	150.58	141.72
63	188.95	177.15	165.35	159.44	150.58
64	197.83	186.02	177.15	168.30	156.49
65	209.63	197.83	186.02	177.15	165.35
66	224.38	209.63	197.83	188.95	177.15
67	236.20	221.44	206.67	197.83	186.02
68	250.97	233.25	218.48	206.67	194.86
69	265.72	250.97	233.25	221.44	209.63
70	280.49	262.78	248.01	233.25	221.44
71	295.25	277.53	259.82	248.01	233.25
72	312.96	295.25	274.59	259.82	245.07
73	321.81	304.11	283.43	268.68	250.97
74	330.67	310.03	289.35	274.59	256.86
75	339.54	318.86	298.22	280.49	265.72
76	348.38	324.77	304.11	286.40	268.68
77	354.29	330.67	310.03	292.30	271.63
78	360.19	339.54	315.93	298.22	277.53
79	369.06	345.44	321.81	304.11	283.43
80	374.96	351.35	327.73	307.04	289.35
81	380.88	357.25	333.63	312.96	292.30
82	386.78	360.19	336.57	315.93	295.25
83	389.72	363.16	339.54	318.86	298.22
84	389.72	366.11	339.54	318.86	298.22

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

With 5% Compound Benefit Option

365 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	5.16	4.48	4.40	4.33	3.70
19	5.17	4.52	4.44	4.36	3.73
20	5.54	4.87	4.48	4.40	3.77
21	5.87	4.89	4.83	5.00	4.09
22	5.91	5.22	4.87	5.04	4.44
23	6.28	5.25	5.17	5.39	4.48
24	6.36	5.60	5.54	5.43	4.83
25	6.68	5.95	5.56	5.78	4.87
26	7.03	6.03	5.91	5.79	5.17
27	7.41	6.40	6.28	6.17	5.22
28	7.75	6.71	6.60	6.48	5.56
29	7.84	6.79	6.68	6.84	5.91
30	8.49	7.44	7.03	6.93	5.99
31	8.84	7.53	7.67	7.26	6.36
32	9.22	8.17	7.75	7.91	6.68
33	9.60	8.25	8.41	7.97	6.74
34	10.00	8.63	8.49	8.34	7.41
35	11.75	11.60	10.21	10.07	8.68
36	12.45	12.29	10.61	10.45	9.36
37	12.87	12.97	11.31	11.15	9.75
38	13.59	13.41	11.97	11.52	10.11
39	14.27	13.82	12.39	12.22	10.50
40	19.78	18.05	16.32	16.13	14.45
41	20.53	18.82	17.08	16.89	14.82
42	21.87	19.86	17.78	17.59	15.85
43	22.63	20.91	18.55	18.32	16.58
44	23.99	21.64	19.58	19.36	17.31
45	31.68	29.31	26.97	24.85	22.48
46	32.83	30.74	28.34	26.24	23.57
47	34.84	32.44	29.75	27.34	24.93
48	36.61	33.91	31.44	28.73	26.31
49	38.39	35.64	32.91	30.46	27.72
50	39.04	35.26	31.48	31.08	24.34
51	35.68	31.89	31.48	31.08	24.34
52	36.10	35.26	34.86	28.13	27.73
53	39.46	39.04	35.26	31.48	31.08
54	46.18	39.46	38.62	31.89	28.13
55	46.60	42.84	39.04	35.26	31.48
56	47.41	43.25	39.46	35.68	35.26
57	50.79	43.65	42.84	39.04	32.31
58	50.79	46.99	43.25	42.42	35.68
59	51.62	47.41	43.65	42.84	39.04
60	51.62	47.83	43.65	43.25	36.10
61	55.39	48.25	47.41	40.27	39.88
62	55.81	51.62	47.83	40.69	39.88
63	56.21	52.03	51.21	44.06	40.27
64	56.65	55.81	51.62	44.48	43.65
65	60.44	56.21	52.03	44.90	44.06
66	60.83	56.65	52.45	48.65	44.48
67	64.60	57.06	52.85	48.65	44.90
68	62.09	54.51	53.28	46.13	41.93
69	62.49	54.93	50.72	49.48	42.35
70	59.52	55.35	54.09	49.91	45.72
71	60.36	55.76	48.21	44.00	42.75
72	57.42	56.16	51.56	47.37	43.19
73	57.81	53.20	51.98	44.42	40.24
74	54.85	53.62	49.03	41.47	40.24
75	54.85	53.62	46.06	41.47	37.26
76	51.92	50.69	46.06	41.47	37.26
77	51.92	47.32	46.06	38.52	37.26
78	52.35	47.71	43.12	38.92	34.33
79	49.38	44.77	40.16	38.92	37.68
80	49.79	41.81	43.54	35.98	34.75
81	49.79	45.18	40.58	35.98	34.75
82	46.85	45.18	40.58	35.98	31.78
83	46.85	38.89	37.23	33.01	28.42
84	43.47	38.89	37.23	33.01	28.42

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

With 5% Compound Benefit Option

730 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	8.07	7.38	6.71	6.63	6.22
19	8.38	7.71	7.02	6.97	6.26
20	9.05	8.07	7.38	7.32	6.63
21	9.41	8.71	7.71	7.63	6.97
22	9.48	9.05	8.07	8.01	7.01
23	10.11	9.13	8.38	8.30	7.33
24	10.50	9.76	8.79	8.67	7.68
25	10.85	10.11	9.13	9.00	8.03
26	11.22	10.50	9.76	9.41	8.34
27	12.19	10.91	9.84	9.73	9.00
28	12.57	11.53	10.50	10.40	9.37
29	12.96	11.92	10.91	10.79	9.45
30	13.64	12.29	11.53	11.41	10.08
31	14.01	13.26	11.92	11.81	10.73
32	14.69	13.64	12.29	12.45	11.10
33	15.36	14.34	12.99	12.85	11.76
34	16.11	14.72	13.37	13.51	12.15
35	19.72	18.02	16.66	15.27	15.11
36	20.45	18.75	17.64	16.27	15.80
37	21.45	20.05	18.37	16.97	16.82
38	22.17	20.76	19.09	17.67	17.48
39	23.50	21.82	20.07	18.41	18.21
40	32.60	29.35	27.66	25.89	24.18
41	34.30	31.01	29.00	26.96	25.25
42	35.96	32.10	30.36	28.61	26.58
43	37.71	33.80	31.74	29.98	27.92
44	39.39	35.49	33.40	31.36	29.27
45	48.74	44.25	41.89	39.81	35.63
46	51.17	46.91	44.00	41.86	37.64
47	53.61	49.03	46.40	43.96	39.39
48	56.66	51.50	48.78	46.36	41.20
49	59.47	54.27	51.49	48.74	43.55
50	63.83	53.73	52.92	46.18	48.72
51	57.94	57.11	53.34	49.56	45.77
52	61.29	54.15	50.37	46.60	42.84
53	61.71	57.94	54.15	53.34	46.60
54	65.49	64.67	57.52	53.73	49.98
55	69.27	65.08	61.29	57.52	50.37
56	73.05	72.23	65.08	57.94	54.15
57	80.22	73.05	68.85	61.71	57.94
58	81.03	73.48	69.27	65.49	61.29
59	81.45	77.26	73.05	68.85	61.71
60	85.20	81.03	73.48	66.31	62.11
61	86.02	78.49	70.92	70.11	65.91
62	89.83	82.28	74.71	70.52	66.31
63	90.67	86.02	78.49	74.29	66.74
64	94.43	86.85	79.31	74.71	70.52
65	95.24	90.67	79.72	75.55	70.92
66	99.47	91.48	83.51	79.31	71.75
67	96.90	92.31	84.35	76.77	69.21
68	101.12	93.15	85.16	80.55	72.98
69	101.93	93.97	88.91	78.00	73.40
70	99.39	91.41	86.41	78.84	70.88
71	100.20	95.20	83.86	79.27	71.27
72	98.10	89.72	84.70	76.71	68.73
73	98.54	90.11	81.73	73.76	72.10
74	95.53	87.16	82.15	74.18	69.16
75	92.61	84.21	79.19	71.23	66.22
76	89.65	81.26	76.25	71.23	63.25
77	86.71	78.33	69.92	64.89	63.25
78	84.15	78.72	70.34	65.31	60.30
79	84.56	76.18	70.75	65.73	60.72
80	82.04	76.60	71.17	66.15	57.77
81	79.06	73.64	68.23	63.18	58.16
82	79.47	70.69	65.26	60.22	55.23
83	76.55	70.69	65.26	60.22	55.23
84	73.17	67.74	62.30	57.29	51.85

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

With 5% Compound Benefit Option

1,095 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	10.06	9.37	8.67	8.60	7.94
19	10.71	9.69	9.00	8.92	8.22
20	11.02	10.37	9.65	9.57	8.60
21	11.41	10.73	10.02	9.94	9.25
22	12.07	11.07	10.40	10.29	9.57
23	12.45	11.45	10.73	10.68	9.94
24	12.85	12.12	11.10	11.30	10.33
25	13.80	12.49	11.76	11.64	10.68
26	14.19	13.46	12.15	12.03	11.30
27	14.85	13.81	12.81	12.74	11.69
28	15.55	14.49	13.50	13.38	12.33
29	16.24	14.89	13.86	13.76	12.74
30	16.92	15.59	14.53	14.40	13.38
31	17.33	16.58	15.23	15.08	14.08
32	18.33	17.00	15.92	15.75	14.40
33	19.06	17.98	16.61	16.47	15.11
34	20.05	18.67	17.33	17.17	15.80
35	25.06	23.65	22.30	20.93	19.25
36	26.10	24.69	23.31	21.67	20.30
37	27.15	25.81	24.37	22.68	21.26
38	28.53	27.11	25.39	23.71	22.30
39	29.89	28.16	26.49	25.06	23.31
40	39.46	39.10	35.84	34.14	32.43
41	41.49	41.07	37.84	35.82	34.07
42	43.54	43.12	39.57	37.52	35.46
43	45.58	45.47	41.26	39.54	37.48
44	47.97	47.51	43.32	41.22	39.18
45	63.18	57.42	54.80	50.58	50.11
46	66.56	59.91	57.55	53.31	52.53
47	69.93	63.26	60.59	55.76	55.22
48	73.71	66.68	63.69	58.79	58.23
49	77.75	70.09	67.10	61.90	61.30
50	72.64	71.82	68.03	64.25	60.45
51	76.01	72.23	68.03	61.29	60.45
52	79.79	75.59	68.45	64.67	60.87
53	83.55	79.38	72.23	68.45	64.67
54	84.36	80.22	73.05	72.23	68.45
55	91.53	87.37	76.84	76.01	68.85
56	95.32	91.11	83.97	79.79	76.01
57	102.88	98.67	91.11	83.97	79.79
58	106.64	99.09	91.53	84.36	83.55
59	107.47	102.88	92.37	88.18	81.03
60	114.62	104.13	96.15	91.95	84.78
61	115.43	104.54	99.90	92.77	85.20
62	115.84	108.28	100.74	96.55	89.02
63	117.09	109.55	101.55	94.01	89.83
64	121.30	113.32	105.77	98.20	90.67
65	125.47	117.50	109.55	101.97	94.43
66	126.72	121.72	113.72	106.20	98.62
67	130.91	122.94	111.62	107.01	99.47
68	132.18	123.75	115.79	107.85	96.90
69	133.41	125.01	113.66	105.69	97.74
70	131.26	122.88	114.49	106.53	101.53
71	135.47	123.71	115.34	107.34	99.39
72	133.33	124.94	116.15	108.18	103.18
73	130.80	119.06	113.64	102.28	97.27
74	128.24	119.45	111.06	102.69	97.69
75	122.35	116.94	108.14	99.77	94.70
76	119.42	110.62	105.18	96.78	91.80
77	116.44	107.64	98.85	93.84	85.46
78	117.27	108.49	99.66	91.30	82.92
79	114.74	105.96	97.16	91.72	83.34
80	115.57	103.38	97.55	89.17	83.73
81	113.02	100.89	95.03	89.59	84.15
82	107.10	101.28	92.07	86.63	81.20
83	104.18	98.32	89.11	83.69	78.25
84	101.21	98.32	86.16	80.70	75.32

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

With 5% Compound Benefit Option

1,825 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	12.65	11.95	11.27	10.60	10.52
19	13.30	12.62	11.92	11.23	11.15
20	13.68	12.99	12.24	11.58	11.50
21	14.31	13.65	12.65	11.95	12.15
22	15.01	14.04	13.59	12.62	12.54
23	15.40	14.97	14.00	12.99	13.18
24	16.08	15.35	14.35	13.65	13.55
25	16.78	16.04	15.34	14.31	14.19
26	17.46	16.74	16.01	14.97	14.59
27	18.43	17.42	16.39	15.63	15.54
28	19.13	18.40	17.37	16.35	16.25
29	20.14	19.10	18.08	17.02	16.92
30	20.86	19.82	18.74	17.73	17.60
31	22.15	20.82	19.51	18.40	18.29
32	22.90	21.55	20.47	19.13	19.32
33	23.91	22.84	21.20	20.14	19.98
34	24.93	23.87	22.49	21.11	20.71
35	31.78	31.47	28.89	27.51	26.12
36	33.17	32.86	29.93	28.86	27.14
37	34.56	34.22	31.59	29.90	28.24
38	36.23	35.90	32.97	31.28	29.86
39	37.95	37.88	34.63	32.64	31.24
40	52.79	49.36	46.12	44.36	40.85
41	55.46	51.71	48.41	46.40	42.84
42	57.87	54.09	50.48	48.74	44.89
43	60.84	56.75	53.16	51.08	47.20
44	63.88	59.71	55.84	53.47	49.57
45	82.67	77.96	73.47	69.54	67.20
46	86.76	82.24	77.48	72.93	70.31
47	91.15	86.33	81.23	76.94	74.28
48	95.88	90.72	85.58	80.99	77.98
49	100.97	95.46	90.26	85.08	82.34
50	101.22	97.02	89.87	86.12	78.96
51	101.22	94.10	89.87	86.12	82.30
52	98.67	97.83	87.37	86.52	82.71
53	109.19	101.64	94.49	90.30	86.52
54	113.36	105.83	101.64	97.83	90.72
55	120.93	113.36	105.83	98.67	94.49
56	131.45	120.51	112.95	105.83	101.64
57	139.01	128.07	120.51	116.33	105.83
58	139.86	128.88	121.35	113.78	109.59
59	144.02	133.11	125.12	120.93	110.42
60	148.23	136.88	129.30	121.74	114.20
61	152.40	141.51	133.52	128.88	118.38
62	153.24	145.27	134.34	126.39	118.80
63	157.84	146.50	138.54	130.96	123.01
64	165.40	154.05	142.74	138.12	127.20
65	167.06	158.68	147.31	139.35	131.38
66	171.65	159.92	148.57	140.58	129.26
67	176.28	167.87	156.13	144.80	136.82
68	177.93	169.13	157.38	146.04	138.05
69	182.53	167.41	158.61	147.30	138.90
70	184.18	169.07	156.90	148.53	140.13
71	182.47	173.66	161.49	149.76	141.36
72	184.11	171.95	162.74	151.01	139.24
73	181.98	172.79	157.25	151.82	140.05
74	179.87	167.28	158.09	146.33	134.16
75	177.34	164.75	155.55	140.43	131.61
76	171.42	162.20	149.63	140.85	132.04
77	168.90	156.30	143.72	134.92	126.13
78	170.13	154.17	144.56	135.76	123.59
79	167.99	158.37	142.43	136.58	124.43
80	165.90	156.24	143.26	134.03	125.24
81	166.71	153.70	144.07	134.85	125.66
82	161.19	151.17	141.55	132.33	119.75
83	158.65	148.64	138.59	129.38	120.15
84	155.72	145.69	132.68	126.45	117.22

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

With 5% Compound Benefit Option

2,920 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	15.54	14.57	13.88	13.18	12.51
19	16.52	15.21	14.51	13.85	13.15
20	17.17	15.58	14.89	14.19	13.80
21	17.87	16.27	15.86	14.86	14.15
22	18.56	17.23	16.25	15.54	14.81
23	19.28	17.91	16.92	16.21	15.50
24	20.24	18.60	17.60	16.86	15.90
25	21.25	19.60	18.29	17.56	16.85
26	22.23	20.26	19.32	18.25	17.54
27	23.22	21.01	20.26	19.28	18.21
28	23.96	22.01	20.95	19.95	19.24
29	24.98	23.30	21.96	20.93	19.93
30	26.27	24.03	22.98	21.64	20.87
31	27.32	25.06	23.99	22.94	21.61
32	28.66	26.11	25.03	23.68	22.63
33	29.98	27.43	26.07	24.98	23.65
34	31.06	28.77	27.39	26.03	24.95
35	40.65	39.12	36.52	35.13	32.56
36	42.35	41.11	38.19	36.83	33.91
37	44.66	42.82	39.89	38.52	35.55
38	46.70	44.81	41.58	40.19	37.25
39	48.74	46.80	43.89	42.15	39.23
40	62.82	59.58	55.82	52.61	49.36
41	65.87	62.29	58.52	55.28	51.71
42	68.86	65.31	61.25	57.97	54.09
43	72.23	68.34	64.53	60.64	56.75
44	75.90	71.69	67.53	63.67	59.71
45	99.25	94.78	88.48	83.75	79.83
46	104.30	99.79	92.88	88.36	83.85
47	109.65	104.84	97.59	92.77	88.24
48	115.36	110.23	102.61	97.75	92.88
49	121.39	116.22	107.99	102.82	97.63
50	119.69	115.51	107.93	100.83	97.02
51	123.07	118.87	108.35	101.22	100.41
52	126.82	112.95	108.77	101.64	100.83
53	127.66	120.51	112.95	108.77	101.64
54	135.20	127.66	120.10	112.95	108.77
55	142.78	131.84	124.31	120.10	115.92
56	150.35	142.78	131.84	127.66	117.15
57	157.91	150.35	139.43	131.84	124.31
58	165.47	154.55	146.58	136.04	128.47
59	173.02	161.69	150.75	143.21	135.62
60	177.21	162.92	154.97	147.39	136.47
61	178.44	170.49	159.14	151.59	143.61
62	186.03	174.66	163.34	155.78	147.81
63	194.01	182.66	167.93	163.34	155.39
64	196.07	187.68	175.93	164.98	157.03
65	204.03	192.27	180.52	172.57	161.20
66	212.41	197.30	185.53	177.16	162.86
67	217.42	205.67	190.55	182.17	167.48
68	225.80	210.69	195.14	183.82	172.07
69	221.55	206.02	196.82	182.10	173.30
70	226.58	211.05	195.51	186.72	174.95
71	225.27	209.75	197.17	188.38	173.26
72	227.34	214.77	198.81	186.66	177.86
73	225.23	209.30	196.70	184.53	172.37
74	226.49	210.53	197.52	181.98	169.84
75	218.03	201.65	188.68	176.51	167.28
76	215.49	199.13	186.11	173.97	161.38
77	209.57	193.21	180.23	171.00	158.44
78	207.85	191.48	181.47	168.90	156.30
79	206.15	192.74	179.36	166.75	157.53
80	207.37	193.97	180.59	167.58	155.01
81	205.25	191.46	178.02	165.48	155.82
82	202.72	189.32	172.54	162.90	153.28
83	200.18	183.41	172.95	163.32	150.35
84	194.28	183.82	170.01	157.01	147.38

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

With 5% Compound Benefit Option

Unlimited Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	18.56	17.79	16.52	15.54	14.86
19	19.28	18.48	17.17	16.52	15.82
20	20.24	19.20	17.87	17.17	16.52
21	20.66	20.17	18.56	17.87	16.86
22	21.64	20.84	19.56	18.56	17.85
23	22.67	21.86	20.24	19.28	18.52
24	23.68	22.59	21.25	20.24	19.52
25	24.66	23.88	22.23	21.25	20.21
26	25.70	24.60	22.94	22.23	21.20
27	27.01	25.91	23.96	23.22	21.94
28	28.07	26.92	24.98	23.96	22.90
29	29.40	27.95	26.03	24.98	24.22
30	30.75	29.28	27.01	26.27	25.27
31	31.82	30.63	28.36	27.32	26.27
32	33.47	32.28	29.71	28.66	27.32
33	34.84	33.36	31.06	29.98	28.66
34	36.52	35.29	32.43	31.06	29.98
35	48.90	45.06	43.24	40.65	39.29
36	50.94	47.07	45.27	42.35	40.96
37	53.27	48.86	47.29	44.66	42.98
38	55.65	51.48	49.61	46.70	44.97
39	58.32	53.85	51.96	48.74	47.01
40	74.71	70.96	67.50	64.57	62.64
41	78.37	74.59	70.85	67.53	65.34
42	82.08	77.99	74.49	70.62	68.66
43	86.09	82.27	77.90	74.26	72.01
44	90.13	86.01	81.86	77.96	75.68
45	116.84	111.85	105.58	101.40	95.04
46	122.59	117.57	111.20	106.43	100.05
47	128.95	123.61	116.63	111.78	105.10
48	135.68	130.29	122.66	117.52	110.50
49	142.74	137.01	129.36	123.84	116.52
50	144.92	137.78	129.79	126.01	118.87
51	148.68	134.81	127.24	126.41	115.92
52	142.78	135.20	127.66	126.82	116.33
53	156.68	149.09	141.55	131.03	126.82
54	161.27	156.68	145.73	138.59	134.39
55	175.57	161.27	153.72	146.15	141.94
56	180.16	172.21	161.27	153.72	146.15
57	194.44	183.53	172.21	164.63	157.09
58	195.70	184.34	176.38	168.84	157.91
59	203.26	191.93	180.58	169.65	162.11
60	204.51	196.13	181.80	173.85	166.28
61	215.42	200.73	186.03	175.08	170.49
62	220.04	205.32	193.59	182.66	174.66
63	225.06	213.30	201.54	187.26	179.29
64	236.37	221.27	206.58	195.24	186.84
65	241.41	226.30	211.18	199.84	191.43
66	246.82	234.67	219.56	204.86	196.49
67	258.59	243.05	227.53	212.84	204.44
68	260.67	244.70	229.18	217.42	205.67
69	262.74	243.81	231.24	219.48	204.38
70	264.80	248.85	233.32	221.13	206.02
71	266.88	250.91	234.97	219.86	207.67
72	265.94	246.67	233.66	221.51	205.98
73	263.83	244.54	231.54	216.03	206.82
74	258.35	245.35	229.00	213.46	200.89
75	252.86	236.51	220.14	210.95	195.40
76	247.37	233.94	217.61	205.02	192.46
77	238.09	224.69	208.32	195.76	186.11
78	238.91	222.56	205.78	193.21	183.59
79	236.80	220.05	206.60	194.05	181.05
80	234.27	217.47	204.07	191.09	178.52
81	231.73	214.95	198.19	188.54	175.57
82	222.45	211.98	195.22	182.24	172.62
83	219.50	205.66	188.91	179.28	166.29
84	212.76	195.98	185.54	172.54	162.90

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

Without Increasing Benefit Option

365 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	6.71	6.18	5.64	5.12	4.58
19	6.98	6.44	5.90	5.37	4.83
20	7.26	6.71	6.18	5.64	5.12
21	7.51	6.98	6.44	5.90	5.12
22	7.79	7.26	6.71	6.18	5.37
23	8.33	7.51	6.98	6.44	5.64
24	8.59	8.06	7.26	6.71	5.90
25	8.87	8.33	7.51	6.98	6.18
26	9.41	8.59	8.06	7.26	6.44
27	9.94	9.13	8.33	7.51	6.71
28	10.21	9.41	8.59	7.79	6.98
29	10.73	9.94	9.13	8.33	7.26
30	11.27	10.21	9.41	8.59	7.79
31	11.54	10.73	9.94	8.87	8.06
32	12.10	11.27	10.21	9.41	8.33
33	12.62	11.81	10.73	9.67	8.87
34	13.42	12.34	11.27	10.21	9.13
35	15.04	13.96	12.89	11.81	10.73
36	15.85	14.49	13.42	12.34	11.27
37	16.38	15.32	13.96	12.89	11.81
38	17.17	16.11	14.77	13.42	12.34
39	18.00	16.65	15.57	14.24	12.89
40	20.40	18.79	17.46	16.11	14.77
41	21.21	19.87	18.52	16.92	15.57
42	22.29	20.68	19.32	17.71	16.38
43	23.36	21.75	20.14	18.79	17.17
44	24.44	22.83	21.21	19.60	18.00
45	30.89	27.38	25.77	24.15	22.29
46	32.49	28.98	27.11	25.23	23.36
47	34.09	30.33	28.46	26.58	24.69
48	35.96	31.94	30.06	27.90	26.06
49	37.85	33.82	31.68	29.52	27.38
50	41.34	35.44	35.44	32.49	29.52
51	41.34	41.34	35.44	35.44	29.52
52	41.34	41.34	35.44	32.49	29.52
53	44.29	44.29	38.39	38.39	32.49
54	47.25	44.29	41.34	38.39	35.44
55	50.21	47.25	41.34	38.39	35.44
56	53.15	50.21	44.29	41.34	38.39
57	53.15	50.21	47.25	41.34	38.39
58	59.06	53.15	50.21	44.29	41.34
59	59.06	56.11	50.21	47.25	44.29
60	62.02	59.06	53.15	50.21	44.29
61	64.95	62.02	56.11	53.15	47.25
62	67.92	62.02	56.11	53.15	50.21
63	70.85	64.95	59.06	56.11	50.21
64	73.83	67.92	62.02	59.06	53.15
65	76.76	70.85	64.95	59.06	53.15
66	79.73	73.83	67.92	62.02	59.06
67	85.62	76.76	70.85	64.95	59.06
68	88.57	79.73	73.83	67.92	62.02
69	91.53	85.62	76.76	70.85	64.95
70	97.43	88.57	79.73	73.83	67.92
71	100.39	91.53	82.66	76.76	70.85
72	103.34	97.43	88.57	79.73	73.83
73	106.29	97.43	88.57	82.66	73.83
74	109.24	100.39	91.53	82.66	76.76
75	112.19	103.34	94.47	85.62	79.73
76	112.19	103.34	94.47	85.62	79.73
77	112.19	103.34	94.47	88.57	79.73
78	115.16	106.29	97.43	88.57	82.66
79	118.10	109.24	100.39	91.53	82.66
80	121.05	112.19	100.39	91.53	85.62
81	124.00	112.19	103.34	94.47	85.62
82	124.00	112.19	103.34	94.47	85.62
83	124.00	115.16	103.34	94.47	85.62
84	124.00	115.16	103.34	94.47	85.62

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

Without Increasing Benefit Option

730 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	8.33	7.79	7.26	6.71	6.18
19	8.59	8.06	7.51	6.98	6.44
20	8.87	8.33	7.79	7.26	6.71
21	9.41	8.87	8.06	7.51	6.98
22	9.67	9.13	8.59	7.79	7.26
23	10.21	9.67	8.87	8.33	7.51
24	10.73	9.94	9.41	8.59	8.06
25	11.02	10.48	9.67	8.87	8.33
26	11.54	10.73	10.21	9.41	8.59
27	12.10	11.27	10.48	9.94	9.13
28	12.62	11.81	11.02	10.21	9.41
29	13.16	12.34	11.54	10.73	9.94
30	13.70	12.89	12.10	11.27	10.21
31	14.49	13.42	12.62	11.54	10.73
32	15.04	14.24	13.16	12.10	11.27
33	15.85	14.77	13.70	12.62	11.81
34	16.38	15.32	14.49	13.42	12.34
35	18.25	17.17	16.11	15.04	13.96
36	19.08	18.00	16.92	15.85	14.49
37	20.14	18.79	17.71	16.38	15.32
38	20.94	19.60	18.52	17.17	16.11
39	22.01	20.68	19.32	18.00	16.65
40	27.11	24.44	23.07	21.75	20.40
41	28.46	25.50	24.15	22.55	21.21
42	29.81	26.85	25.23	23.91	22.29
43	31.13	28.19	26.58	24.98	23.36
44	32.74	29.52	27.90	26.30	24.44
45	41.34	39.47	36.25	34.36	30.89
46	43.47	41.62	37.85	36.25	32.49
47	45.63	43.75	40.00	38.11	34.09
48	48.06	46.17	42.15	40.00	35.96
49	50.73	48.59	44.29	42.15	37.85
50	56.11	53.15	47.25	44.29	41.34
51	59.06	53.15	50.21	47.25	44.29
52	59.06	56.11	53.15	47.25	47.25
53	64.95	59.06	56.11	50.21	47.25
54	67.92	62.02	59.06	53.15	50.21
55	70.85	67.92	62.02	56.11	53.15
56	73.83	70.85	64.95	59.06	53.15
57	76.76	70.85	67.92	62.02	56.11
58	82.66	76.76	70.85	64.95	62.02
59	85.62	79.73	73.83	67.92	64.95
60	91.53	85.62	76.76	73.83	67.92
61	94.47	88.57	79.73	76.76	67.92
62	97.43	91.53	82.66	76.76	73.83
63	103.34	97.43	88.57	82.66	76.76
64	109.24	100.39	94.47	88.57	79.73
65	112.19	106.29	97.43	88.57	82.66
66	121.05	112.19	103.34	94.47	88.57
67	126.97	118.10	109.24	100.39	91.53
68	132.87	124.00	112.19	103.34	94.47
69	138.78	129.91	118.10	109.24	100.39
70	144.68	135.81	124.00	115.16	106.29
71	153.54	141.72	129.91	121.05	109.24
72	159.44	147.62	135.81	124.00	115.16
73	162.39	150.58	138.78	126.97	118.10
74	165.35	153.54	141.72	129.91	118.10
75	168.30	156.49	144.68	132.87	121.05
76	171.25	159.44	144.68	132.87	124.00
77	174.20	159.44	147.62	135.81	124.00
78	180.12	165.35	150.58	138.78	126.97
79	183.05	168.30	153.54	141.72	129.91
80	186.02	171.25	156.49	144.68	132.87
81	191.93	177.15	159.44	147.62	135.81
82	194.86	177.15	162.39	150.58	135.81
83	194.86	180.12	165.35	150.58	138.78
84	197.83	180.12	165.35	150.58	138.78

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

Without Increasing Benefit Option

1,095 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	9.41	8.87	8.33	7.79	7.26
19	9.67	9.13	8.59	8.06	7.51
20	10.21	9.67	8.87	8.33	7.79
21	10.48	9.94	9.41	8.87	8.06
22	11.02	10.48	9.67	9.13	8.59
23	11.54	10.73	10.21	9.67	8.87
24	12.10	11.27	10.73	9.94	9.41
25	12.62	11.81	11.02	10.48	9.67
26	13.16	12.34	11.54	10.73	10.21
27	13.70	12.89	12.10	11.27	10.48
28	14.24	13.42	12.62	11.81	11.02
29	14.77	13.96	13.16	12.34	11.54
30	15.57	14.77	13.70	12.89	12.10
31	16.11	15.32	14.49	13.42	12.62
32	16.92	16.11	15.04	14.24	13.16
33	17.71	16.65	15.85	14.77	13.70
34	18.52	17.46	16.38	15.32	14.49
35	22.55	20.40	19.32	18.25	17.17
36	23.63	21.48	20.14	19.08	18.00
37	24.69	22.29	21.21	20.14	18.79
38	26.06	23.36	22.29	20.94	19.60
39	27.11	24.44	23.36	22.01	20.68
40	32.49	29.81	28.46	27.11	25.77
41	34.09	31.13	29.81	28.46	26.85
42	35.71	32.74	31.13	29.81	28.19
43	37.58	34.36	32.74	31.13	29.52
44	39.47	35.96	34.36	32.74	31.13
45	51.81	48.32	44.83	42.94	39.47
46	54.22	50.73	46.98	45.37	41.62
47	57.19	53.42	49.38	47.52	43.75
48	60.12	56.11	52.07	49.92	46.17
49	63.34	59.06	54.76	52.61	48.59
50	67.92	62.02	59.06	56.11	53.15
51	70.85	64.95	62.02	59.06	56.11
52	70.85	67.92	64.95	59.06	56.11
53	76.76	70.85	67.92	62.02	59.06
54	82.66	76.76	70.85	67.92	64.95
55	85.62	79.73	73.83	70.85	67.92
56	91.53	85.62	79.73	73.83	70.85
57	94.47	88.57	82.66	76.76	73.83
58	100.39	97.43	88.57	82.66	76.76
59	106.29	100.39	91.53	85.62	82.66
60	109.24	103.34	97.43	91.53	85.62
61	115.16	109.24	100.39	94.47	88.57
62	121.05	112.19	106.29	97.43	91.53
63	129.91	118.10	112.19	103.34	97.43
64	135.81	126.97	118.10	109.24	103.34
65	141.72	132.87	124.00	115.16	109.24
66	150.58	138.78	129.91	121.05	115.16
67	159.44	147.62	135.81	129.91	121.05
68	165.35	156.49	144.68	135.81	126.97
69	174.20	162.39	150.58	138.78	129.91
70	183.05	168.30	156.49	147.62	135.81
71	191.93	177.15	165.35	153.54	141.72
72	200.76	186.02	174.20	162.39	150.58
73	206.67	191.93	177.15	165.35	153.54
74	212.57	194.86	183.05	168.30	159.44
75	215.53	200.76	186.02	171.25	159.44
76	218.48	203.72	188.95	177.15	162.39
77	221.44	206.67	191.93	177.15	165.35
78	227.34	212.57	194.86	183.05	168.30
79	236.20	218.48	200.76	188.95	174.20
80	239.15	221.44	206.67	191.93	177.15
81	245.07	227.34	209.63	194.86	180.12
82	248.01	230.28	212.57	197.83	183.05
83	250.97	233.25	215.53	200.76	183.05
84	253.91	233.25	215.53	200.76	186.02

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

Without Increasing Benefit Option

1,825 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	11.27	10.48	9.94	9.41	8.87
19	11.81	10.73	10.21	9.67	9.13
20	12.34	11.27	10.73	10.21	9.67
21	12.89	11.81	11.27	10.48	9.94
22	13.42	12.34	11.54	11.02	10.48
23	13.96	12.89	12.10	11.54	10.73
24	14.77	13.42	12.62	12.10	11.27
25	15.32	13.96	13.16	12.62	11.81
26	16.11	14.49	13.70	13.16	12.34
27	16.65	15.04	14.49	13.70	12.89
28	17.46	15.85	15.04	14.24	13.42
29	18.25	16.65	15.57	14.77	13.96
30	19.08	17.17	16.38	15.57	14.77
31	19.87	18.00	17.17	16.11	15.32
32	20.68	18.79	18.00	16.92	16.11
33	21.75	19.60	18.79	17.71	16.65
34	22.55	20.68	19.60	18.52	17.46
35	25.77	23.63	22.55	21.48	20.40
36	27.11	24.69	23.63	22.55	21.48
37	28.19	26.06	24.69	23.63	22.29
38	29.52	27.11	26.06	24.69	23.36
39	31.13	28.46	27.11	25.77	24.44
40	39.19	37.85	35.17	33.82	31.13
41	41.08	39.72	37.04	35.44	32.74
42	43.23	41.62	38.65	37.31	34.36
43	45.37	43.75	40.54	38.92	35.96
44	47.52	45.90	42.67	41.08	37.58
45	62.02	58.51	55.04	51.81	49.92
46	65.23	61.47	57.98	54.22	52.61
47	68.46	64.69	60.94	57.19	55.28
48	72.21	68.18	64.15	60.12	57.98
49	75.96	71.67	67.65	63.34	61.20
50	85.62	79.73	73.83	70.85	67.92
51	85.62	82.66	76.76	73.83	67.92
52	88.57	85.62	79.73	76.76	70.85
53	97.43	91.53	85.62	79.73	76.76
54	100.39	94.47	88.57	85.62	79.73
55	106.29	100.39	94.47	88.57	82.66
56	112.19	106.29	100.39	94.47	88.57
57	121.05	112.19	106.29	100.39	94.47
58	124.00	118.10	109.24	106.29	97.43
59	129.91	121.05	115.16	109.24	103.34
60	138.78	129.91	121.05	115.16	106.29
61	144.68	135.81	126.97	121.05	112.19
62	153.54	141.72	132.87	124.00	118.10
63	159.44	150.58	138.78	132.87	124.00
64	168.30	156.49	147.62	138.78	129.91
65	177.15	165.35	153.54	144.68	135.81
66	188.95	174.20	162.39	153.54	144.68
67	197.83	186.02	171.25	162.39	150.58
68	209.63	194.86	183.05	171.25	159.44
69	221.44	203.72	191.93	180.12	168.30
70	230.28	215.53	200.76	188.95	174.20
71	242.10	227.34	212.57	197.83	186.02
72	253.91	239.15	221.44	206.67	194.86
73	262.78	245.07	227.34	212.57	197.83
74	271.63	250.97	233.25	218.48	203.72
75	277.53	259.82	239.15	224.38	209.63
76	283.43	262.78	245.07	230.28	212.57
77	289.35	268.68	250.97	233.25	218.48
78	298.22	277.53	256.86	239.15	224.38
79	307.04	286.40	265.72	248.01	230.28
80	312.96	292.30	271.63	253.91	233.25
81	321.81	298.22	277.53	256.86	239.15
82	327.73	304.11	280.49	262.78	245.07
83	330.67	307.04	283.43	265.72	248.01
84	333.63	310.03	286.40	268.68	248.01

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

Without Increasing Benefit Option

2,920 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	12.89	11.81	11.27	10.73	10.48
19	13.42	12.34	11.81	11.27	10.73
20	14.24	12.89	12.34	11.81	11.27
21	14.77	13.42	12.89	12.34	11.81
22	15.32	14.24	13.42	12.89	12.34
23	16.11	14.77	13.96	13.42	12.89
24	16.65	15.32	14.77	13.96	13.42
25	17.46	16.11	15.32	14.49	13.96
26	18.25	16.65	16.11	15.32	14.49
27	19.08	17.46	16.65	15.85	15.04
28	19.87	18.25	17.46	16.65	15.85
29	20.68	19.08	18.25	17.46	16.65
30	21.48	19.87	19.08	18.25	17.17
31	22.55	20.68	19.87	19.08	18.00
32	23.63	21.75	20.68	19.87	18.79
33	24.69	22.55	21.75	20.68	19.60
34	25.77	23.63	22.55	21.75	20.68
35	30.06	28.98	26.85	25.77	24.69
36	31.68	30.33	28.19	27.11	26.06
37	33.02	31.94	29.52	28.19	27.11
38	34.64	33.28	30.89	29.52	28.46
39	36.25	34.88	32.21	31.13	29.81
40	47.52	44.83	42.15	40.80	37.85
41	49.67	46.98	44.02	42.67	39.72
42	52.07	49.13	46.17	44.55	41.62
43	54.76	51.53	48.32	46.98	43.75
44	57.44	54.22	50.73	49.13	45.90
45	75.96	70.61	67.10	63.88	60.40
46	79.73	74.36	70.61	67.10	63.34
47	83.74	78.11	74.36	70.61	66.57
48	88.32	82.13	78.11	74.07	70.05
49	92.87	86.41	82.42	78.11	73.83
50	103.34	97.43	91.53	85.62	82.66
51	106.29	100.39	94.47	91.53	85.62
52	109.24	103.34	97.43	94.47	88.57
53	115.16	109.24	103.34	97.43	91.53
54	121.05	115.16	109.24	103.34	97.43
55	129.91	121.05	115.16	109.24	103.34
56	135.81	126.97	121.05	115.16	109.24
57	144.68	135.81	126.97	121.05	115.16
58	153.54	141.72	132.87	126.97	118.10
59	159.44	147.62	138.78	132.87	126.97
60	165.35	156.49	147.62	138.78	129.91
61	174.20	162.39	153.54	144.68	135.81
62	180.12	171.25	159.44	150.58	141.72
63	191.93	180.12	168.30	159.44	150.58
64	200.76	188.95	177.15	168.30	156.49
65	212.57	197.83	186.02	174.20	165.35
66	224.38	209.63	194.86	186.02	174.20
67	236.20	221.44	206.67	194.86	183.05
68	248.01	233.25	218.48	206.67	191.93
69	259.82	245.07	227.34	215.53	203.72
70	274.59	256.86	239.15	224.38	212.57
71	289.35	271.63	250.97	236.20	221.44
72	301.14	283.43	262.78	248.01	233.25
73	312.96	292.30	271.63	256.86	239.15
74	321.81	301.14	280.49	262.78	248.01
75	330.67	310.03	286.40	268.68	253.91
76	336.57	315.93	292.30	274.59	256.86
77	342.48	321.81	298.22	280.49	262.78
78	354.29	330.67	307.04	289.35	268.68
79	363.16	339.54	315.93	295.25	274.59
80	372.01	348.38	324.77	304.11	283.43
81	380.88	354.29	330.67	310.03	289.35
82	386.78	360.19	336.57	312.96	292.30
83	392.69	366.11	339.54	318.86	295.25
84	398.59	369.06	342.48	321.81	298.22

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

Without Increasing Benefit Option

Unlimited Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	14.49	13.96	12.89	12.34	11.81
19	15.04	14.49	13.42	12.89	12.34
20	15.85	15.32	14.24	13.42	12.89
21	16.38	15.85	14.77	14.24	13.42
22	17.17	16.65	15.32	14.77	14.24
23	18.00	17.17	16.11	15.32	14.77
24	18.79	18.00	16.65	16.11	15.32
25	19.60	18.79	17.46	16.65	16.11
26	20.40	19.60	18.25	17.46	16.65
27	21.21	20.40	19.08	18.25	17.46
28	22.29	21.48	19.87	19.08	18.25
29	23.07	22.29	20.68	19.87	19.08
30	24.15	23.36	21.48	20.68	19.87
31	25.23	24.44	22.55	21.75	20.68
32	26.30	25.50	23.63	22.55	21.75
33	27.66	26.58	24.69	23.63	22.55
34	28.98	27.90	25.77	24.69	23.63
35	34.64	33.56	31.41	30.06	27.90
36	36.25	34.88	32.74	31.68	29.27
37	37.85	36.50	34.36	33.02	30.60
38	39.47	38.39	35.71	34.64	32.21
39	41.34	40.00	37.58	36.25	33.56
40	52.88	50.21	47.52	44.83	43.47
41	55.57	52.61	49.67	46.98	45.37
42	58.27	55.04	52.07	49.13	47.78
43	60.94	57.98	54.76	51.53	49.92
44	63.88	60.66	57.44	54.22	52.61
45	86.17	82.66	77.58	74.07	70.61
46	90.72	86.97	81.59	77.83	74.36
47	95.30	91.53	85.62	81.86	78.11
48	100.13	96.36	90.19	86.17	82.13
49	105.49	101.45	95.01	90.72	86.41
50	115.16	109.24	103.34	100.39	94.47
51	118.10	112.19	106.29	103.34	97.43
52	124.00	115.16	109.24	106.29	100.39
53	132.87	126.97	118.10	112.19	109.24
54	138.78	132.87	124.00	118.10	112.19
55	147.62	138.78	132.87	126.97	121.05
56	156.49	147.62	138.78	132.87	126.97
57	168.30	156.49	147.62	141.72	132.87
58	174.20	162.39	153.54	147.62	138.78
59	180.12	171.25	162.39	153.54	144.68
60	188.95	180.12	168.30	159.44	150.58
61	197.83	188.95	177.15	168.30	159.44
62	206.67	194.86	183.05	177.15	165.35
63	218.48	206.67	194.86	183.05	174.20
64	230.28	218.48	203.72	191.93	183.05
65	242.10	230.28	215.53	203.72	191.93
66	256.86	242.10	227.34	215.53	200.76
67	268.68	253.91	236.20	224.38	212.57
68	283.43	265.72	250.97	236.20	224.38
69	298.22	280.49	262.78	248.01	233.25
70	312.96	295.25	274.59	259.82	245.07
71	327.73	307.04	289.35	271.63	256.86
72	345.44	321.81	301.14	286.40	268.68
73	354.29	330.67	310.03	292.30	274.59
74	363.16	339.54	315.93	298.22	280.49
75	369.06	345.44	321.81	304.11	286.40
76	374.96	351.35	327.73	310.03	289.35
77	377.92	354.29	330.67	312.96	292.30
78	389.72	363.16	339.54	318.86	301.14
79	398.59	372.01	348.38	327.73	307.04
80	404.50	377.92	354.29	333.63	310.03
81	413.34	386.78	360.19	339.54	315.93
82	419.24	389.72	363.16	342.48	318.86
83	422.21	392.69	366.11	345.44	321.81
84	422.21	395.63	369.06	345.44	321.81

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

With 5% Compound Benefit Option

365 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	5.54	5.78	5.08	5.00	4.33
19	5.87	5.79	5.12	5.04	4.36
20	6.24	6.17	5.47	5.39	4.40
21	6.56	6.48	5.48	5.43	5.00
22	6.93	6.84	5.85	5.78	5.04
23	7.01	7.18	6.20	5.79	5.39
24	7.33	7.26	6.52	6.17	5.43
25	7.67	7.61	6.89	6.48	5.78
26	8.05	7.94	6.97	6.84	5.79
27	8.14	8.02	7.30	7.18	6.17
28	8.76	8.64	7.64	7.53	6.48
29	9.17	9.06	7.72	7.61	6.84
30	9.52	9.38	8.37	8.26	6.93
31	10.18	9.79	8.46	8.56	7.26
32	10.57	10.13	9.09	8.96	7.91
33	10.96	10.53	9.46	9.30	7.97
34	11.38	11.23	9.84	9.71	8.34
35	13.12	12.97	11.60	11.43	10.07
36	13.86	13.68	12.29	12.14	10.45
37	14.54	14.39	12.97	12.53	11.15
38	15.24	14.82	13.41	13.22	11.52
39	15.98	15.78	13.82	13.62	12.22
40	21.22	19.78	18.05	16.32	16.13
41	22.55	20.53	18.82	17.08	16.89
42	23.64	21.87	19.86	17.78	17.59
43	24.69	22.63	20.91	18.55	18.32
44	26.07	23.99	21.64	19.58	19.36
45	34.02	31.68	29.31	26.97	24.85
46	35.76	32.83	30.74	28.34	26.24
47	37.53	34.84	32.44	29.75	27.34
48	39.31	36.61	33.91	31.44	28.73
49	41.40	38.39	35.64	32.91	30.46
50	39.46	42.00	35.26	31.48	31.08
51	42.84	36.10	35.26	31.89	31.08
52	42.84	39.46	38.62	34.86	34.45
53	46.60	39.88	39.04	32.31	31.48
54	46.99	43.25	39.46	35.68	31.89
55	50.79	43.65	42.84	39.04	35.26
56	51.21	47.41	43.25	39.46	35.68
57	57.94	50.79	46.99	46.18	42.42
58	52.03	51.21	44.06	43.25	39.46
59	58.77	51.62	47.41	43.65	39.88
60	59.18	52.03	47.83	44.06	43.25
61	59.59	52.45	48.25	44.48	43.65
62	60.02	55.81	51.62	47.83	40.69
63	60.44	59.59	52.03	48.25	44.06
64	60.83	56.65	52.45	48.65	44.48
65	64.60	57.06	52.85	52.03	47.83
66	65.02	60.83	56.65	52.45	45.31
67	65.84	64.60	57.06	52.85	48.65
68	66.24	61.67	57.46	49.91	45.72
69	66.66	62.49	57.87	53.70	46.13
70	64.15	59.52	54.93	50.72	46.56
71	64.54	59.94	55.35	51.14	46.98
72	64.96	57.42	52.79	51.56	47.37
73	62.01	57.42	52.79	48.63	44.00
74	59.08	54.43	49.86	48.63	41.05
75	56.11	51.50	46.90	45.66	38.10
76	56.11	51.50	46.90	45.66	38.10
77	56.11	51.50	46.90	39.33	38.10
78	53.16	48.55	43.96	42.70	35.17
79	53.58	48.98	40.97	39.74	35.17
80	50.63	46.02	44.35	39.74	35.57
81	47.68	46.02	41.39	36.81	35.57
82	47.68	46.02	41.39	36.81	32.18
83	47.68	43.05	38.04	36.81	32.18
84	44.31	39.70	38.04	33.43	32.18

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

With 5% Compound Benefit Option

730 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	8.24	7.53	6.84	6.17	6.10
19	8.53	7.87	7.18	6.48	6.40
20	9.18	8.51	7.53	6.84	6.78
21	9.26	8.56	8.19	7.18	7.10
22	9.91	8.94	8.26	7.53	7.45
23	10.31	9.30	8.56	7.61	7.79
24	10.71	9.96	8.96	8.26	7.87
25	11.34	10.03	9.30	8.56	8.24
26	11.72	10.71	9.71	8.96	8.86
27	12.10	11.35	10.35	9.06	8.94
28	12.78	11.75	10.75	9.71	9.59
29	13.19	12.14	11.12	10.07	9.96
30	13.85	12.83	11.48	10.45	10.62
31	14.28	13.22	12.18	11.12	11.02
32	14.94	13.62	12.57	11.48	11.35
33	15.69	14.31	13.24	12.18	11.75
34	16.69	15.31	13.68	12.29	12.45
35	23.65	21.07	19.72	18.02	16.66
36	24.69	21.82	20.45	18.75	17.64
37	25.81	22.83	21.45	20.05	18.37
38	27.11	24.17	22.17	20.76	19.09
39	28.16	24.93	23.50	21.82	20.07
40	33.18	32.79	29.52	27.85	26.12
41	34.88	34.48	30.93	29.19	27.45
42	36.60	35.88	32.60	30.58	28.53
43	38.34	37.92	34.03	31.97	30.20
44	40.07	39.64	35.71	33.67	31.58
45	55.07	48.96	46.40	42.13	41.96
46	57.81	51.42	48.74	44.25	44.04
47	60.84	53.87	51.18	46.66	46.40
48	63.95	56.65	53.97	49.03	48.48
49	67.07	59.76	56.71	51.81	51.19
50	65.08	61.29	57.11	53.34	49.56
51	62.11	61.29	54.15	50.37	46.60
52	65.49	58.36	54.57	53.73	46.99
53	66.31	65.49	58.36	57.52	50.37
54	70.11	65.91	58.77	57.94	54.15
55	73.90	70.11	65.91	61.71	54.57
56	81.03	73.90	69.67	65.49	61.29
57	88.18	80.64	73.48	72.64	65.08
58	89.02	81.45	77.26	69.67	62.53
59	89.42	85.20	77.65	73.48	66.31
60	90.25	82.69	78.07	70.92	66.74
61	94.01	86.43	81.86	74.71	70.11
62	97.81	86.85	85.62	78.07	70.92
63	98.62	91.08	86.43	78.91	74.71
64	102.82	94.82	83.93	79.72	75.13
65	103.22	92.31	87.68	83.09	75.55
66	104.46	96.50	88.49	83.93	76.36
67	105.27	97.32	89.34	84.74	76.77
68	106.11	98.16	93.15	85.16	80.55
69	106.92	98.97	90.57	86.01	78.00
70	107.76	96.46	91.41	83.44	78.84
71	105.65	97.27	88.88	80.92	79.27
72	106.49	94.70	89.72	81.34	76.71
73	103.53	95.13	86.74	81.73	73.76
74	103.92	95.53	83.79	78.77	73.76
75	100.99	89.24	80.84	75.83	70.81
76	94.68	86.29	80.84	75.83	67.88
77	91.72	82.92	74.52	69.53	64.50
78	89.17	83.73	74.95	69.92	64.89
79	89.59	80.78	75.34	70.34	61.95
80	90.00	81.20	75.76	67.38	62.37
81	84.08	78.66	72.83	67.80	59.41
82	81.12	78.66	69.88	64.87	59.41
83	81.12	75.71	66.91	64.87	56.46
84	78.21	72.33	66.91	61.49	56.46

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

With 5% Compound Benefit Option

1,095 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	10.81	10.11	9.45	8.75	8.67
19	11.45	10.79	10.08	9.09	9.00
20	11.84	10.85	10.42	9.73	9.65
21	12.49	11.50	10.81	9.79	10.02
22	12.89	11.88	11.45	10.48	10.40
23	13.26	12.53	11.84	10.85	10.73
24	13.93	13.20	12.23	11.50	11.10
25	14.34	13.59	12.89	11.88	11.76
26	15.01	14.30	13.26	12.53	12.15
27	15.69	14.97	13.93	12.91	12.81
28	16.69	15.66	14.61	13.59	13.50
29	17.36	16.35	15.31	13.97	13.86
30	18.10	16.77	15.97	14.65	14.53
31	19.09	17.75	16.43	15.34	15.23
32	19.85	18.48	17.40	15.77	15.92
33	20.56	19.47	17.83	16.77	16.61
34	21.56	20.20	18.82	17.75	17.33
35	27.96	27.66	25.06	23.65	22.30
36	29.34	28.70	26.10	24.69	23.31
37	30.71	30.36	27.15	25.81	24.37
38	31.81	31.74	28.53	27.11	25.39
39	33.51	33.12	29.89	28.16	26.49
40	43.42	41.49	37.95	36.23	32.98
41	45.50	43.54	39.99	37.95	34.67
42	47.56	45.58	42.00	39.99	36.37
43	49.94	47.66	44.06	42.00	38.12
44	52.34	50.03	46.14	44.06	39.85
45	66.34	63.68	59.51	55.28	52.97
46	69.69	67.07	62.60	58.06	55.39
47	73.20	70.51	65.65	61.11	58.46
48	76.94	74.28	69.08	64.22	61.25
49	81.08	78.03	72.86	67.65	64.64
50	83.55	82.71	75.59	71.82	68.03
51	83.97	79.79	72.64	68.85	65.08
52	87.37	80.22	73.05	72.23	68.45
53	88.18	87.37	76.84	76.01	72.23
54	95.74	88.18	83.97	76.84	73.05
55	102.88	95.32	91.11	83.97	76.84
56	103.71	99.50	91.95	87.76	80.64
57	114.20	106.64	99.09	94.91	87.76
58	115.01	104.54	99.90	95.74	91.53
59	115.84	108.28	103.71	96.15	89.02
60	119.65	112.06	104.54	96.97	92.77
61	123.82	112.91	108.28	100.74	93.18
62	128.03	120.06	109.12	104.54	96.97
63	129.26	124.24	113.32	108.70	101.16
64	130.10	122.11	114.14	109.55	101.97
65	134.26	126.31	114.98	110.36	99.47
66	138.90	130.49	119.15	114.56	103.63
67	140.13	131.75	123.36	112.43	104.46
68	144.30	132.99	121.22	113.27	105.27
69	142.20	133.83	122.07	117.02	109.08
70	143.42	134.64	126.25	114.91	109.92
71	141.28	135.89	124.11	115.74	110.73
72	142.53	133.74	122.00	113.64	105.26
73	140.01	127.82	119.06	114.03	105.65
74	134.11	128.24	116.52	111.06	99.77
75	134.53	122.35	113.55	108.14	99.77
76	131.54	119.42	110.62	102.25	96.78
77	125.24	116.44	104.29	98.85	90.46
78	126.08	113.93	108.05	99.66	90.88
79	120.57	114.74	105.54	97.16	88.36
80	120.99	111.78	102.96	94.18	88.78
81	118.46	109.27	100.05	94.59	85.79
82	115.51	106.27	97.09	91.67	82.85
83	112.58	103.34	94.15	88.70	82.85
84	106.26	103.34	94.15	85.33	79.89

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

With 5% Compound Benefit Option

1,825 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	14.13	14.04	12.74	12.03	11.33
19	14.81	14.67	13.38	12.69	12.00
20	15.51	15.03	13.76	13.07	12.37
21	16.20	15.71	14.40	13.72	13.04
22	16.89	16.43	15.08	14.12	13.42
23	17.56	17.10	15.75	14.78	14.08
24	17.98	17.79	16.47	15.47	14.73
25	18.98	18.79	17.15	16.16	15.11
26	19.72	19.51	17.82	16.86	15.80
27	20.68	20.47	18.56	17.51	16.51
28	21.41	21.20	19.25	18.21	17.48
29	22.44	22.22	20.26	19.21	18.18
30	23.45	23.19	21.26	19.94	18.90
31	24.52	24.26	21.98	20.93	19.90
32	25.56	25.29	23.04	21.95	20.61
33	26.64	26.61	24.06	22.68	21.61
34	27.96	27.70	25.08	23.71	22.64
35	38.18	36.67	34.07	32.70	30.11
36	39.92	38.35	35.73	34.07	31.47
37	41.88	40.07	37.45	35.73	33.10
38	43.93	42.07	38.85	37.45	34.48
39	45.68	44.05	40.85	39.10	36.17
40	58.46	55.17	51.42	48.17	46.31
41	61.13	57.59	53.84	50.54	48.34
42	63.88	60.29	56.50	52.97	50.72
43	66.93	63.36	59.24	55.63	53.10
44	70.62	66.39	62.26	58.06	56.05
45	93.45	88.98	82.67	77.96	74.02
46	98.19	93.68	86.76	82.24	77.44
47	103.22	98.40	91.15	86.33	81.50
48	108.32	103.18	95.88	90.72	86.16
49	114.36	108.86	100.97	95.46	90.57
50	112.95	108.77	101.22	94.10	90.30
51	116.33	109.19	101.64	94.49	93.68
52	120.10	106.23	102.06	94.91	94.10
53	117.99	113.78	106.23	102.06	94.91
54	128.47	120.93	113.36	102.88	98.67
55	136.04	128.47	117.57	113.36	109.19
56	143.61	132.68	125.12	117.57	113.36
57	148.23	140.27	129.30	125.12	117.57
58	155.39	144.44	136.47	125.96	121.35
59	159.56	151.59	140.67	129.74	122.16
60	164.15	152.82	141.51	133.92	129.30
61	164.98	157.03	145.67	138.12	130.14
62	166.23	161.20	149.88	141.93	130.96
63	173.80	165.83	154.05	143.15	135.18
64	178.39	170.01	155.30	147.31	139.35
65	183.01	174.61	162.86	151.52	143.57
66	188.01	179.23	167.48	156.13	144.80
67	192.63	177.51	168.71	157.38	149.00
68	194.28	185.46	170.36	158.61	150.23
69	195.93	186.72	171.59	163.22	151.46
70	200.53	188.38	172.84	161.10	152.29
71	202.18	190.03	174.50	165.71	150.59
72	203.85	188.31	175.73	166.94	151.82
73	198.34	185.77	173.21	161.04	152.25
74	192.85	183.24	170.65	158.48	149.69
75	190.32	177.74	168.12	155.97	143.78
76	184.41	174.80	162.20	150.04	140.85
77	178.52	168.90	152.94	147.07	134.92
78	179.75	166.75	153.77	144.56	132.38
79	177.63	164.65	151.63	142.43	133.20
80	178.44	165.48	152.44	143.26	133.61
81	172.95	162.90	149.93	143.67	131.09
82	170.42	160.38	150.35	137.75	125.20
83	170.84	157.42	147.38	134.81	125.62
84	164.52	154.47	141.06	131.87	122.23

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

With 5% Compound Benefit Option

2,920 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	18.64	17.87	16.58	15.90	14.31
19	19.35	18.56	17.25	16.58	15.30
20	20.06	19.56	17.96	17.25	15.96
21	21.03	20.24	18.64	17.96	16.35
22	22.05	20.95	19.63	18.64	17.02
23	22.77	21.96	20.32	19.63	17.73
24	23.75	22.94	21.03	20.32	18.71
25	24.79	23.68	22.05	21.33	19.43
26	25.80	24.98	23.04	22.05	20.40
27	26.84	26.03	24.06	23.34	21.40
28	28.19	27.01	25.10	24.06	22.13
29	29.52	28.36	26.12	25.10	23.11
30	30.85	29.40	27.46	26.12	24.44
31	32.22	31.06	28.49	27.46	25.50
32	33.62	32.12	30.15	28.81	26.50
33	35.01	33.76	31.21	30.15	27.82
34	36.65	35.11	32.86	31.21	28.93
35	48.90	46.29	43.24	40.65	38.04
36	50.94	48.29	45.27	42.35	39.76
37	53.27	50.38	47.29	44.66	41.74
38	55.65	52.72	49.61	46.70	43.46
39	58.32	55.40	51.96	48.74	45.50
40	74.90	69.61	66.20	62.94	59.75
41	78.54	73.01	69.50	65.95	62.49
42	82.27	76.65	72.89	69.28	65.52
43	86.32	80.65	76.53	72.68	68.55
44	90.65	84.39	80.23	76.36	72.23
45	116.82	110.24	103.95	99.52	95.04
46	122.85	115.67	109.34	104.57	100.05
47	129.21	121.72	114.75	109.63	105.10
48	135.68	128.39	120.80	115.63	110.50
49	143.05	135.11	127.18	121.72	116.52
50	142.36	134.81	123.89	119.69	112.55
51	142.78	135.20	127.66	120.51	116.33
52	146.58	135.62	128.07	120.93	113.36
53	154.13	143.21	135.62	128.07	123.89
54	161.69	150.75	139.86	132.26	128.07
55	169.65	158.33	147.39	139.86	135.62
56	177.21	165.86	154.97	147.39	139.86
57	185.18	173.85	165.86	154.97	147.39
58	186.42	181.39	170.07	159.14	151.17
59	194.01	185.60	174.24	163.34	152.40
60	201.54	186.84	175.50	167.51	159.56
61	202.80	194.43	179.69	171.72	160.39
62	210.34	195.66	183.88	172.57	164.57
63	211.99	200.23	188.49	177.16	169.20
64	219.97	208.22	193.10	181.75	173.38
65	224.99	212.84	197.72	189.32	174.61
66	230.01	217.84	202.30	190.97	179.23
67	231.66	219.48	203.96	192.20	180.45
68	240.04	224.51	208.98	197.22	188.41
69	241.69	226.17	213.60	198.48	186.72
70	243.76	231.19	215.24	203.09	187.96
71	245.84	229.88	216.90	204.74	192.55
72	250.83	234.90	218.55	206.40	190.84
73	245.77	229.42	216.42	200.89	188.31
74	240.27	223.92	210.95	198.34	182.82
75	234.78	218.42	205.02	192.46	180.29
76	228.89	212.52	199.13	186.53	173.97
77	222.98	206.60	193.21	180.64	168.06
78	221.28	207.85	194.47	178.52	168.90
79	222.51	205.73	192.32	179.36	169.71
80	220.37	203.61	190.19	177.21	164.23
81	218.25	204.43	187.66	174.66	161.68
82	215.72	201.89	185.14	175.08	162.09
83	209.80	195.98	182.17	169.20	159.15
84	203.90	193.04	175.85	162.85	152.82

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

With 5% Compound Benefit Option

Unlimited Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18	21.33	20.03	19.28	18.56	17.25
19	22.30	20.71	19.95	19.28	17.96
20	23.02	21.44	20.66	20.24	18.64
21	24.03	22.75	21.64	20.66	19.63
22	25.06	23.44	22.67	21.64	20.06
23	26.11	24.75	23.37	22.67	21.03
24	27.11	25.50	24.66	23.68	22.05
25	28.15	26.81	25.70	24.66	23.04
26	29.48	27.82	26.72	25.70	24.06
27	30.82	29.16	27.74	27.01	25.10
28	32.18	30.24	29.08	28.07	26.12
29	33.83	31.59	30.44	29.40	27.14
30	35.19	32.97	31.77	30.75	28.49
31	36.59	34.33	33.14	31.82	29.84
32	38.57	35.99	34.52	33.47	31.21
33	39.99	37.71	36.22	34.84	32.54
34	41.70	39.11	37.88	36.52	34.22
35	56.57	52.76	49.99	47.66	46.13
36	59.25	55.40	52.31	49.42	48.14
37	61.90	58.08	54.70	52.07	50.18
38	64.88	60.45	57.33	54.41	52.57
39	67.91	63.42	60.03	56.79	55.20
40	89.72	84.46	79.49	76.03	72.79
41	93.77	88.44	83.43	79.72	76.42
42	98.43	93.07	87.47	83.70	79.81
43	103.38	97.17	91.50	87.71	83.81
44	108.41	102.45	96.16	91.73	87.84
45	138.12	129.69	123.16	116.84	112.40
46	144.87	136.40	129.22	122.59	117.83
47	152.58	143.17	136.22	128.95	124.16
48	160.60	150.57	142.98	135.68	130.55
49	168.98	158.61	150.71	142.74	137.55
50	167.59	160.04	149.09	138.59	134.39
51	168.01	160.45	149.51	142.36	134.81
52	168.84	160.85	149.94	142.78	135.20
53	176.80	165.86	157.91	150.35	143.21
54	187.70	176.80	168.84	161.27	153.72
55	195.70	187.70	173.43	165.86	158.33
56	207.05	195.70	184.34	176.80	165.86
57	215.42	207.05	195.70	184.76	176.80
58	222.99	214.61	199.89	188.96	180.97
59	230.53	215.84	201.15	193.17	185.18
60	235.13	220.43	208.70	200.73	189.39
61	243.11	225.06	213.30	201.96	190.62
62	247.71	232.59	217.49	206.58	198.17
63	252.71	237.60	222.49	214.11	202.80
64	261.10	242.64	230.49	218.71	207.39
65	266.13	247.64	232.15	220.39	211.99
66	268.20	252.67	237.15	225.41	216.59
67	279.96	261.09	245.12	233.37	218.25
68	278.65	262.74	247.20	235.02	219.90
69	284.08	264.80	248.85	236.68	221.13
70	286.15	266.88	253.84	238.33	226.17
71	288.21	271.86	252.57	239.98	224.45
72	287.35	270.58	254.22	238.69	226.11
73	285.20	268.42	248.71	236.16	223.57
74	276.36	259.59	246.19	230.23	217.67
75	273.79	257.04	240.27	227.72	211.77
76	264.56	247.78	231.01	218.42	205.44
77	258.23	241.46	224.69	212.10	199.13
78	256.53	239.31	222.56	209.57	196.99
79	251.03	237.22	220.46	207.43	194.47
80	251.84	234.67	217.89	204.92	194.86
81	246.35	229.19	215.35	199.00	188.96
82	240.45	226.25	209.02	196.05	186.02
83	234.14	219.90	206.08	189.74	179.69
84	227.41	213.58	196.40	186.38	176.32

Premiums for Rider Form Series 187R are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

Without Increasing Benefit Option

365 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	11.54	10.73	9.94	9.41	8.59
35-39	12.62	11.81	10.73	9.94	9.41
40-44	14.77	13.70	12.62	11.81	10.73
45-49	17.71	16.38	15.04	13.96	12.89
50	21.75	20.14	18.52	17.17	16.11
51	23.07	21.48	19.87	18.52	17.17
52	24.69	23.07	21.21	19.87	18.25
53	25.77	23.91	22.01	20.40	18.79
54	26.58	24.69	22.83	21.21	19.32
55	27.66	25.50	23.63	21.75	20.14
56	28.46	26.58	24.44	22.55	20.94
57	29.52	27.38	24.98	23.36	21.48
58	31.13	28.73	26.30	24.69	22.55
59	32.74	30.33	27.90	25.77	23.91
60	34.36	31.94	29.27	27.11	24.98
61	36.25	33.56	30.89	28.73	26.30
62	38.39	35.44	32.49	30.06	27.66
63	41.34	38.11	35.17	32.49	29.81
64	44.83	41.34	37.85	34.88	32.21
65	48.32	44.55	40.80	37.85	34.64
66	52.35	48.06	44.02	40.80	37.31
67	56.36	52.07	47.78	44.02	40.27
68	59.06	54.49	49.92	45.90	42.15
69	62.02	56.90	52.07	48.06	44.02
70	64.69	59.59	54.49	50.21	45.90
71	67.38	62.02	56.65	52.35	47.78
72	70.05	64.42	59.06	54.22	49.67
73	72.47	66.57	60.94	56.11	51.00
74	74.63	68.72	62.82	57.71	52.61
75	76.76	70.61	64.42	59.32	53.96
76	78.65	72.21	66.03	60.66	55.04
77	80.26	73.83	67.10	61.74	56.11
78	82.42	75.68	69.00	63.34	57.44
79	84.56	77.58	70.61	64.69	58.79
80	86.41	79.19	71.93	66.03	60.12
81	88.03	80.53	73.28	67.10	60.94
82	89.40	81.86	74.36	68.18	61.74
83	92.33	84.56	76.76	70.32	63.63
84	95.01	86.97	78.91	72.21	65.49

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

Without Increasing Benefit Option

730 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	11.54	10.73	9.94	9.41	8.59
35-39	12.89	12.10	11.02	10.21	9.67
40-44	15.04	13.96	12.89	12.10	11.27
45-49	18.52	17.17	15.85	15.04	13.96
50	22.83	21.48	19.87	18.52	17.17
51	24.69	22.83	21.21	19.87	18.52
52	26.30	24.44	22.83	21.21	19.87
53	27.38	25.50	23.63	22.01	20.68
54	28.73	26.58	24.69	23.07	21.48
55	30.06	27.90	25.77	24.15	22.29
56	31.13	28.98	26.85	24.98	23.36
57	32.49	30.33	27.90	26.06	24.15
58	34.64	32.21	29.81	27.66	25.77
59	36.79	34.09	31.68	29.52	27.38
60	39.19	36.25	33.56	31.13	28.98
61	41.62	38.65	35.71	33.28	30.60
62	44.29	41.08	37.85	35.17	32.74
63	48.32	44.83	41.34	38.39	35.44
64	52.88	48.86	45.09	41.86	38.65
65	57.71	53.42	49.13	45.63	42.15
66	63.09	58.27	53.68	49.92	45.90
67	68.72	63.63	58.51	54.22	49.92
68	73.01	67.65	62.02	57.44	53.15
69	77.58	71.67	65.77	60.94	56.11
70	82.13	75.96	69.80	64.69	59.32
71	86.97	80.53	73.83	68.46	62.82
72	92.07	85.09	78.11	72.21	66.30
73	95.30	88.03	80.80	74.63	68.46
74	98.51	90.72	83.21	77.03	70.61
75	101.21	93.39	85.62	79.19	72.47
76	103.88	95.82	87.78	81.05	74.07
77	106.29	97.98	89.64	82.66	75.68
78	110.04	101.45	92.87	85.62	78.38
79	113.79	104.96	95.82	88.32	80.80
80	117.57	108.18	98.78	91.00	83.21
81	120.77	111.12	101.74	93.68	85.62
82	124.00	114.08	104.14	95.82	87.49
83	129.36	118.91	108.43	99.85	91.00
84	134.47	123.47	112.74	103.60	94.47

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

Without Increasing Benefit Option

1,095 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	11.81	11.02	10.48	9.94	9.13
35-39	13.42	12.62	11.81	11.27	10.48
40-44	16.38	15.32	14.24	13.42	12.62
45-49	20.68	19.32	18.25	17.17	16.11
50	25.77	24.15	22.55	21.48	20.14
51	27.90	26.06	24.44	23.07	21.75
52	30.06	28.19	26.30	24.98	23.36
53	31.41	29.52	27.66	26.06	24.69
54	33.28	31.13	28.98	27.38	25.77
55	34.88	32.74	30.60	28.98	27.11
56	36.79	34.36	32.21	30.33	28.46
57	38.65	36.25	33.82	31.94	30.06
58	41.34	38.65	36.25	34.09	31.94
59	44.29	41.62	38.65	36.50	34.36
60	47.52	44.55	41.62	38.92	36.50
61	51.00	47.52	44.29	41.86	39.19
62	54.49	51.00	47.52	44.83	41.86
63	59.59	55.84	51.81	48.86	45.63
64	65.23	61.20	56.90	53.42	49.92
65	71.67	66.85	62.02	58.27	54.49
66	78.38	73.01	67.92	63.63	59.59
67	85.89	79.99	74.36	69.53	64.95
68	91.26	85.09	79.19	74.07	69.00
69	97.16	90.72	84.02	78.91	73.28
70	103.34	96.36	89.40	83.48	77.83
71	109.51	102.01	94.76	88.57	82.42
72	116.22	108.18	100.39	93.68	87.24
73	120.53	112.19	103.88	97.16	90.19
74	124.81	115.95	107.37	100.39	93.15
75	128.57	119.70	110.59	103.34	95.82
76	132.34	122.93	113.55	106.03	98.23
77	135.27	125.89	116.22	108.43	100.39
78	140.10	130.19	120.24	111.94	103.88
79	144.68	134.20	124.00	115.41	106.83
80	148.70	138.24	127.51	118.62	109.80
81	152.74	141.72	130.72	121.61	112.47
82	156.21	144.68	133.41	124.00	114.87
83	162.39	150.58	138.78	128.83	119.18
84	168.55	156.21	143.87	133.66	123.47

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

Without Increasing Benefit Option

1,825 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	12.10	11.27	10.73	10.21	9.67
35-39	13.70	12.89	12.10	11.54	10.73
40-44	16.65	15.85	14.77	13.96	13.16
45-49	21.48	20.14	19.08	18.00	16.92
50	27.11	25.50	23.91	22.55	21.48
51	29.27	27.38	25.77	24.44	23.07
52	31.41	29.52	27.66	26.30	24.98
53	33.02	31.13	29.27	27.66	26.06
54	34.88	32.74	30.89	29.27	27.66
55	36.79	34.64	32.49	30.60	28.98
56	38.92	36.50	34.09	32.49	30.60
57	40.80	38.39	35.96	34.09	32.21
58	43.75	41.34	38.65	36.50	34.36
59	47.25	44.29	41.34	39.19	37.04
60	50.73	47.52	44.55	42.15	39.47
61	54.49	51.00	47.78	45.09	42.42
62	58.51	54.76	51.29	48.32	45.37
63	64.15	60.12	56.11	52.88	49.67
64	70.32	66.03	61.47	57.98	54.49
65	77.03	72.21	67.38	63.34	59.59
66	84.56	79.19	73.83	69.53	65.23
67	92.87	86.97	80.80	76.22	71.13
68	99.85	93.39	86.97	81.86	76.50
69	107.37	100.39	93.39	87.78	82.13
70	115.41	107.89	100.39	94.23	88.03
71	124.00	115.70	107.64	100.93	94.23
72	132.87	124.28	115.41	108.18	100.93
73	138.50	129.11	119.99	112.47	104.96
74	143.60	133.95	124.54	116.49	108.72
75	148.43	138.50	128.57	120.53	112.19
76	152.98	142.79	132.34	124.00	115.41
77	157.29	146.56	135.81	126.97	118.10
78	163.73	152.46	141.17	132.06	122.93
79	170.17	158.36	146.56	136.89	127.51
80	176.36	164.00	151.92	141.72	131.79
81	182.25	169.37	156.74	146.29	135.81
82	187.62	174.46	161.33	150.58	139.85
83	196.48	182.52	168.83	157.57	146.00
84	205.34	190.85	176.36	164.27	152.46

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

Without Increasing Benefit Option

2,920 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	12.62	12.10	11.27	10.73	10.21
35-39	14.77	13.96	12.89	12.34	11.81
40-44	18.25	17.46	16.38	15.57	14.77
45-49	24.15	22.83	21.48	20.40	19.32
50	30.60	28.73	27.11	25.77	24.44
51	33.28	31.41	29.52	27.90	26.58
52	35.71	33.82	31.68	30.33	28.73
53	37.85	35.71	33.56	31.94	30.33
54	40.27	37.85	35.71	33.82	31.94
55	42.67	40.27	37.85	35.96	34.09
56	45.09	42.67	40.00	38.11	35.96
57	47.78	45.09	42.42	40.27	38.11
58	51.53	48.32	45.37	43.23	40.80
59	55.28	52.07	48.86	46.45	43.75
60	59.32	55.84	52.35	49.67	46.98
61	63.88	60.12	56.36	53.42	50.45
62	68.72	64.69	60.40	57.44	54.22
63	75.68	71.13	66.57	63.09	59.32
64	83.21	78.38	73.28	69.24	65.23
65	91.80	86.17	80.53	76.22	71.67
66	101.21	94.76	88.57	83.74	78.91
67	111.40	104.41	97.70	92.07	86.70
68	120.24	112.74	105.21	99.31	93.15
69	129.64	121.32	113.27	106.83	100.39
70	139.56	130.72	121.85	114.87	107.89
71	150.31	140.64	131.26	123.47	115.95
72	161.57	151.12	140.93	132.58	124.28
73	167.75	157.02	146.29	137.70	128.83
74	173.93	162.65	151.38	142.25	133.14
75	179.56	168.02	156.21	146.83	137.42
76	184.67	172.58	160.77	150.84	140.93
77	189.23	176.89	164.55	154.35	144.15
78	195.68	182.52	169.63	159.17	148.43
79	201.31	187.89	174.74	163.73	152.74
80	206.67	192.73	179.04	167.75	156.49
81	211.25	197.01	182.79	171.25	159.72
82	215.00	200.52	186.02	174.20	162.12
83	223.06	208.02	192.73	180.36	168.02
84	230.84	215.00	199.15	186.27	173.38

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

Without Increasing Benefit Option

Unlimited Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	12.89	12.34	11.54	11.02	10.48
35-39	15.32	14.24	13.42	12.89	12.34
40-44	19.08	18.00	16.92	16.11	15.57
45-49	24.98	23.63	22.29	21.48	20.40
50	31.68	30.06	28.46	27.11	25.77
51	34.36	32.49	30.60	29.27	27.90
52	37.04	34.88	33.02	31.41	30.06
53	39.19	37.04	35.17	33.56	31.94
54	41.62	39.47	37.31	35.44	33.82
55	44.29	41.86	39.47	37.58	35.96
56	47.25	44.55	41.86	40.00	38.11
57	50.21	47.52	44.55	42.42	40.54
58	53.96	50.73	47.78	45.63	43.47
59	57.98	54.49	51.29	48.86	46.45
60	62.26	58.51	55.04	52.61	49.67
61	66.85	62.82	59.32	56.36	53.42
62	71.67	67.65	63.63	60.40	57.19
63	78.65	74.07	69.53	66.30	62.55
64	86.41	81.34	76.22	72.47	68.72
65	94.76	89.11	83.74	79.45	75.15
66	103.88	97.70	91.80	86.97	82.13
67	114.08	107.37	100.66	95.30	89.92
68	123.20	115.70	108.43	102.82	96.90
69	133.14	125.08	117.02	110.86	104.41
70	143.60	134.74	126.16	119.45	112.47
71	154.89	145.21	135.81	128.57	121.05
72	166.68	156.49	146.29	138.24	130.19
73	173.14	162.39	151.92	143.33	134.74
74	179.29	168.30	157.02	148.15	139.31
75	185.19	173.66	162.12	152.98	143.60
76	190.57	178.75	166.68	157.29	147.37
77	195.40	183.05	170.71	161.04	150.84
78	202.12	189.50	176.61	166.41	155.68
79	208.82	195.40	182.25	171.52	160.52
80	215.26	201.31	187.62	176.36	165.08
81	221.16	206.94	192.73	181.18	169.63
82	226.81	212.04	197.29	185.48	173.38
83	235.93	220.36	205.34	192.73	180.12
84	245.32	228.96	213.11	199.96	186.81

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

With 5% Compound Benefit Option

365 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	10.20	9.47	8.43	7.72	7.33
35-39	12.46	11.44	10.70	9.96	8.96
40-44	15.54	14.46	13.40	12.37	11.61
45-49	19.33	17.88	16.78	15.43	14.35
50	22.02	20.58	18.80	17.71	16.03
51	23.16	21.36	19.62	18.19	16.80
52	24.27	22.21	20.73	18.99	17.57
53	25.02	23.21	21.45	19.99	18.53
54	26.05	24.27	22.17	20.41	19.24
55	27.12	25.00	22.89	21.40	19.95
56	28.46	26.05	23.91	22.45	20.68
57	29.54	27.08	25.21	23.16	21.36
58	30.38	28.19	26.04	23.96	22.13
59	31.51	29.04	26.55	24.73	22.60
60	32.66	30.18	27.65	25.85	23.68
61	33.51	31.01	28.48	26.05	24.20
62	34.43	31.89	29.30	27.16	24.97
63	36.70	33.81	30.93	28.70	26.20
64	38.39	35.46	32.52	30.30	27.47
65	40.73	37.44	34.47	31.62	29.01
66	42.51	39.45	36.14	33.25	30.61
67	44.93	41.26	37.60	34.92	32.26
68	44.97	41.59	37.90	35.20	31.90
69	44.78	41.33	37.88	34.88	31.87
70	44.86	41.10	37.61	34.56	31.81
71	44.62	41.12	37.60	34.24	31.48
72	44.10	40.82	37.02	34.23	31.10
73	43.19	39.91	36.37	33.25	30.70
74	42.26	38.98	35.42	32.56	29.71
75	41.05	37.72	34.40	31.57	28.98
76	39.78	36.72	33.12	30.52	27.90
77	38.18	35.10	32.05	29.44	26.83
78	37.84	34.79	31.69	29.06	26.72
79	37.22	34.41	31.31	28.64	25.98
80	36.90	33.73	30.88	28.22	25.56
81	35.91	33.30	30.14	27.76	25.06
82	35.14	32.28	29.38	27.00	24.55
83	34.97	32.01	29.11	26.68	24.20
84	34.71	31.75	28.79	26.31	23.86

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

With 5% Compound Benefit Option

730 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	12.34	11.29	10.58	9.88	9.16
35-39	14.97	13.93	13.16	12.45	11.45
40-44	19.22	17.86	16.50	15.44	14.43
45-49	23.42	22.00	20.56	18.93	17.56
50	27.06	25.03	22.97	21.57	20.15
51	27.94	26.13	24.07	22.35	20.97
52	29.09	27.29	24.90	23.47	21.75
53	30.47	28.36	26.26	24.51	22.77
54	31.86	29.72	27.32	25.58	23.80
55	33.29	31.16	28.69	26.64	25.16
56	34.97	32.53	30.07	28.26	25.92
57	36.66	33.92	31.47	29.34	27.26
58	38.18	35.41	32.61	30.48	28.09
59	39.71	36.90	33.80	31.67	29.23
60	41.29	38.41	35.28	33.12	30.39
61	42.83	39.69	36.82	34.05	31.81
62	44.44	41.24	38.04	35.54	32.74
63	47.47	43.90	40.37	37.50	34.93
64	50.26	46.61	42.74	39.84	36.93
65	53.05	49.39	45.43	42.20	38.95
66	56.25	52.20	48.24	44.63	41.31
67	59.80	55.41	51.05	47.38	43.71
68	60.71	55.97	51.81	48.13	43.85
69	61.32	56.84	52.33	48.62	44.58
70	62.29	57.44	52.91	48.84	45.03
71	62.68	57.78	53.15	49.03	45.21
72	63.07	58.10	53.47	49.57	45.40
73	61.99	57.32	52.61	48.69	44.74
74	60.92	56.47	51.73	47.50	43.54
75	59.72	55.02	50.56	46.25	42.59
76	58.00	53.20	49.00	45.01	41.29
77	55.88	51.33	47.14	43.40	39.97
78	55.80	51.55	46.99	43.51	39.72
79	55.73	51.09	47.09	43.26	39.46
80	55.32	50.93	46.57	43.03	39.19
81	54.86	50.44	45.73	42.18	38.61
82	54.08	49.64	45.51	41.85	38.27
83	53.93	49.70	45.49	41.84	38.12
84	54.01	49.71	45.14	41.75	38.02

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

With 5% Compound Benefit Option

1,095 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	13.89	13.16	12.18	11.50	11.07
35-39	17.79	16.77	15.72	14.75	14.00
40-44	22.49	21.09	20.01	19.01	17.69
45-49	28.59	26.91	25.20	23.83	22.45
50	32.97	30.93	29.18	27.48	25.77
51	34.51	32.40	30.34	28.65	26.91
52	35.74	33.61	31.55	29.48	28.06
53	38.06	35.66	33.23	31.46	29.48
54	39.86	37.41	34.99	32.92	31.15
55	42.24	39.47	36.72	34.66	32.86
56	44.31	41.53	38.78	36.69	34.57
57	46.72	43.62	40.84	38.43	36.03
58	48.94	46.12	42.70	40.26	37.82
59	51.17	47.73	44.57	42.16	39.40
60	53.77	50.00	46.50	44.01	41.21
61	56.10	52.54	49.04	45.96	43.13
62	58.72	54.87	51.00	47.89	45.04
63	62.49	58.31	54.38	50.88	47.70
64	66.35	61.80	57.53	53.99	50.44
65	70.30	65.64	61.29	57.39	53.54
66	74.93	69.90	64.89	60.91	56.69
67	79.36	74.22	68.84	64.80	60.21
68	81.01	75.56	69.83	65.46	61.05
69	82.15	76.35	70.81	66.13	61.95
70	83.01	77.13	71.54	67.38	62.63
71	83.85	78.22	72.31	67.80	62.93
72	84.51	78.80	72.79	68.20	63.30
73	83.58	77.83	72.07	67.17	62.50
74	81.75	76.51	70.71	65.78	61.06
75	80.09	74.61	69.04	64.33	59.60
76	77.86	72.59	67.30	62.58	58.15
77	75.56	70.26	64.91	60.47	56.27
78	75.30	69.92	64.57	60.32	55.83
79	75.02	69.90	64.49	59.93	55.66
80	74.66	69.22	63.74	59.45	55.14
81	73.69	68.48	62.98	58.61	54.30
82	72.66	67.38	62.11	57.76	53.42
83	72.61	67.28	61.95	57.81	53.40
84	72.27	67.15	61.74	57.25	53.10

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

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BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

With 5% Compound Benefit Option

1,825 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	16.06	15.36	14.06	13.36	12.68
35-39	20.27	18.92	17.89	16.93	16.19
40-44	25.90	24.24	22.87	21.86	20.50
45-49	32.69	30.96	28.66	27.29	25.93
50	37.46	35.39	33.01	31.63	29.63
51	38.98	36.87	34.52	32.79	31.10
52	41.11	38.40	36.32	34.29	32.25
53	43.19	40.79	38.06	36.32	34.24
54	45.60	42.84	40.10	38.06	35.98
55	47.98	45.23	42.16	40.38	37.73
56	50.74	47.66	44.86	42.16	39.77
57	53.45	50.34	46.97	44.57	41.83
58	56.30	52.62	49.18	46.72	43.98
59	58.94	55.16	51.68	48.93	45.89
60	61.86	58.06	53.97	51.18	48.35
61	64.85	60.99	56.88	53.74	50.60
62	67.88	63.96	59.48	56.34	52.86
63	72.31	67.78	63.23	59.72	56.21
64	77.15	72.28	67.37	63.51	59.66
65	82.40	77.11	71.86	67.61	63.41
66	87.70	82.07	76.41	71.84	67.26
67	93.17	87.16	81.37	76.16	71.78
68	95.97	89.90	83.47	78.48	73.43
69	98.56	92.39	85.92	80.83	75.46
70	101.21	94.67	87.79	82.63	77.21
71	103.65	96.96	90.03	84.48	78.95
72	106.11	98.78	92.05	86.42	80.53
73	105.05	98.25	91.13	85.50	79.56
74	103.95	97.09	89.96	84.55	78.55
75	102.48	95.59	88.68	82.95	77.23
76	100.37	93.44	86.73	81.01	75.50
77	97.60	90.89	84.50	78.96	73.44
78	98.52	91.72	85.26	79.69	73.82
79	99.09	92.25	85.70	80.06	74.15
80	99.32	92.72	85.85	80.13	74.44
81	99.57	92.54	85.59	80.14	74.39
82	99.38	92.35	85.29	79.52	73.72
83	100.31	93.17	86.06	80.20	74.62
84	101.25	94.03	86.78	81.13	74.91

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

With 5% Compound Benefit Option

2,920 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	18.28	17.29	16.26	15.57	14.59
35-39	22.87	21.53	20.46	19.48	18.50
40-44	30.10	28.14	26.47	25.16	23.79
45-49	38.26	35.92	33.91	32.24	30.57
50	44.37	41.64	39.31	37.58	35.53
51	45.98	43.24	40.85	39.12	37.06
52	48.14	45.44	42.67	40.65	38.60
53	51.19	48.14	45.38	43.04	40.96
54	53.97	50.88	47.84	45.75	43.32
55	57.07	53.97	50.59	48.20	45.48
56	60.78	57.07	53.63	50.93	48.20
57	64.52	60.49	56.73	53.97	50.93
58	67.81	63.98	60.20	56.83	53.75
59	71.70	67.58	63.14	60.02	56.93
60	75.62	71.15	66.69	63.25	59.82
61	79.93	75.11	70.31	66.52	62.75
62	84.28	79.12	74.24	70.17	66.04
63	90.15	84.62	79.40	74.92	70.73
64	96.70	90.52	84.60	80.08	75.52
65	103.13	96.82	90.52	85.66	80.71
66	110.23	103.52	96.84	91.28	85.71
67	117.78	110.39	103.03	97.34	91.38
68	121.18	113.39	105.91	99.90	94.12
69	124.32	116.73	108.59	102.47	96.05
70	127.24	119.28	111.29	104.83	98.33
71	129.97	121.89	113.52	106.93	100.39
72	132.77	124.57	115.79	109.14	102.15
73	131.82	123.58	115.01	108.00	101.27
74	130.53	121.91	113.61	106.81	100.00
75	128.25	119.92	111.83	105.01	97.90
76	125.92	117.48	109.10	102.52	95.90
77	122.57	114.40	106.26	99.94	93.30
78	122.54	114.60	106.69	100.00	93.29
79	122.41	114.41	106.15	99.42	92.97
80	121.96	113.85	105.52	98.77	92.28
81	120.75	112.64	104.54	97.71	91.20
82	118.83	110.98	102.81	96.28	89.72
83	119.34	111.12	103.16	96.56	89.61
84	119.19	111.18	103.15	96.46	89.77

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option

With 5% Compound Benefit Option

Unlimited Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	19.54	18.57	17.54	16.85	15.82
35-39	24.45	23.40	22.07	21.08	20.09
40-44	31.71	30.06	28.37	27.04	25.75
45-49	40.83	38.49	36.46	34.53	33.17
50	47.26	44.59	41.91	40.22	38.48
51	49.49	46.76	44.05	42.03	40.02
52	51.69	48.96	46.23	44.17	42.14
53	55.05	52.00	48.68	46.60	44.27
54	58.12	55.08	51.73	49.63	46.95
55	61.58	58.19	55.08	52.36	49.71
56	65.05	61.64	58.19	55.46	52.46
57	68.83	65.08	61.64	58.55	55.54
58	72.43	68.60	64.52	61.47	58.13
59	76.05	71.91	67.75	64.35	60.96
60	79.71	75.52	71.02	67.33	64.16
61	83.69	79.16	74.08	70.62	67.14
62	88.04	82.89	77.73	73.93	70.11
63	94.24	89.03	83.47	79.05	75.13
64	100.85	95.24	89.32	84.82	79.99
65	108.40	102.13	95.57	90.69	85.78
66	116.11	109.14	102.19	97.22	91.66
67	124.29	116.61	109.24	103.91	97.95
68	128.31	120.54	112.80	106.80	101.07
69	131.84	123.69	116.12	109.76	103.66
70	135.45	127.17	119.24	112.80	106.32
71	138.86	130.48	122.13	115.31	108.76
72	142.35	133.57	124.79	118.18	110.90
73	141.40	132.57	124.08	117.07	110.37
74	140.15	131.26	122.98	115.92	108.85
75	138.25	129.59	120.93	114.15	107.01
76	135.61	126.91	118.82	111.67	105.08
77	132.60	124.15	116.01	109.15	102.23
78	133.23	124.45	116.22	109.27	102.57
79	133.27	124.64	116.10	109.38	102.63
80	132.94	124.57	115.91	109.14	102.35
81	132.55	123.84	115.40	108.59	101.45
82	131.50	123.01	114.51	107.66	100.79
83	132.48	123.87	115.04	108.36	101.08
84	132.86	124.14	115.52	108.80	101.42

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

Without Increasing Benefit Option

365 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	13.16	12.10	11.27	10.48	9.67
35-39	14.77	13.70	12.62	11.54	10.73
40-44	16.92	15.57	14.49	13.42	12.34
45-49	20.40	18.79	17.46	16.11	14.77
50	24.98	23.07	21.48	19.87	18.52
51	26.85	24.98	22.83	21.21	19.60
52	28.73	26.58	24.44	22.83	20.94
53	29.52	27.38	25.23	23.63	21.75
54	30.60	28.46	26.30	24.44	22.55
55	31.94	29.52	27.11	25.23	23.36
56	33.02	30.60	28.19	26.06	24.15
57	34.09	31.41	28.98	26.85	24.69
58	35.96	33.28	30.60	28.46	26.06
59	37.85	35.17	32.21	29.81	27.66
60	40.00	37.04	34.09	31.41	28.98
61	42.15	38.92	35.71	33.02	30.33
62	44.29	41.08	37.58	34.88	31.94
63	48.32	44.55	40.80	37.85	34.64
64	52.35	48.32	44.29	40.80	37.58
65	56.65	52.07	47.78	44.29	40.54
66	61.47	56.65	51.81	48.06	44.02
67	66.85	61.47	56.36	52.07	47.52
68	69.80	64.15	58.79	54.22	49.67
69	72.75	67.10	61.47	56.65	51.81
70	75.96	70.05	63.88	59.06	53.96
71	79.19	73.01	66.57	61.20	56.11
72	82.42	75.68	69.24	63.63	58.27
73	84.81	78.11	71.40	65.49	59.87
74	87.24	80.26	73.28	67.38	61.47
75	89.64	82.42	75.15	69.00	62.82
76	91.53	84.28	76.76	70.61	64.15
77	93.39	85.89	78.11	71.67	65.23
78	95.55	87.78	79.99	73.28	66.85
79	97.70	89.64	81.59	74.88	67.92
80	99.59	91.26	83.21	76.22	69.24
81	101.21	92.61	84.28	77.30	70.05
82	102.26	93.68	85.36	78.11	70.85
83	105.49	96.62	87.78	80.26	72.75
84	108.43	99.05	89.92	82.42	74.63

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

Without Increasing Benefit Option

730 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	13.16	12.34	11.27	10.73	9.94
35-39	15.04	13.96	13.16	12.10	11.27
40-44	18.00	16.65	15.57	14.49	13.42
45-49	22.29	20.94	19.32	18.00	16.92
50	27.90	26.06	24.15	22.55	20.94
51	30.06	27.90	25.77	24.15	22.55
52	32.21	30.06	27.66	26.06	24.15
53	33.82	31.41	28.98	27.11	25.23
54	35.17	32.74	30.33	28.46	26.30
55	37.04	34.36	31.68	29.52	27.66
56	38.65	35.71	33.02	30.89	28.73
57	40.27	37.58	34.64	32.21	30.06
58	42.94	40.00	36.79	34.36	31.94
59	45.63	42.42	39.19	36.50	33.82
60	48.59	45.09	41.62	38.92	35.96
61	51.81	48.06	44.29	41.34	38.11
62	55.28	51.29	47.25	44.02	40.80
63	60.40	56.11	51.53	48.06	44.29
64	66.03	61.20	56.36	52.35	48.32
65	72.21	66.85	61.47	57.19	52.61
66	78.65	73.01	67.10	62.26	57.44
67	86.17	79.73	73.28	68.18	62.55
68	90.72	84.02	77.30	71.67	66.03
69	95.55	88.32	81.34	75.15	69.24
70	100.39	92.87	85.36	79.19	72.75
71	105.49	97.43	89.64	82.94	76.22
72	110.59	102.26	93.95	86.70	79.73
73	114.35	105.49	96.90	89.64	82.13
74	117.83	108.72	99.59	92.07	84.28
75	121.05	111.66	102.26	94.47	86.41
76	124.00	114.35	104.68	96.62	88.57
77	126.68	116.78	106.83	98.51	90.19
78	130.98	120.77	110.59	101.74	93.15
79	135.27	124.54	114.08	104.96	96.09
80	139.56	128.30	117.30	108.18	98.78
81	143.60	132.06	120.53	111.12	101.45
82	147.08	135.27	123.47	113.79	103.88
83	153.27	140.64	128.57	118.38	107.89
84	159.17	146.29	133.41	122.93	112.19

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

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BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

Without Increasing Benefit Option

1,095 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	13.42	12.62	11.81	11.27	10.48
35-39	15.57	14.77	13.70	12.89	12.34
40-44	19.08	18.00	16.65	15.85	14.77
45-49	24.44	22.83	21.48	20.14	19.08
50	30.60	28.73	26.85	25.23	23.91
51	32.74	30.89	28.73	27.11	25.77
52	35.17	33.28	30.89	29.27	27.66
53	37.04	34.88	32.49	30.89	28.98
54	38.92	36.79	34.36	32.21	30.33
55	41.08	38.65	35.96	34.09	31.94
56	43.23	40.54	37.85	35.71	33.56
57	45.37	42.67	39.72	37.58	35.17
58	48.59	45.37	42.42	40.00	37.58
59	52.07	48.59	45.37	42.67	40.00
60	55.57	51.81	48.32	45.63	42.67
61	59.32	55.57	51.81	48.59	45.63
62	63.34	59.32	55.28	52.07	48.59
63	69.53	64.95	60.40	56.90	53.15
64	76.22	71.13	66.30	62.26	58.27
65	83.48	77.83	72.47	67.92	63.63
66	91.53	85.36	79.45	74.36	69.53
67	100.39	93.39	86.97	81.59	75.96
68	106.29	99.05	92.07	86.17	80.53
69	112.47	104.96	97.16	91.00	84.81
70	118.91	110.86	102.82	96.09	89.64
71	125.36	116.78	108.43	101.45	94.23
72	132.34	123.20	114.08	106.83	99.31
73	136.89	127.51	118.10	110.32	102.53
74	141.45	131.79	121.85	113.79	105.76
75	145.76	135.55	125.36	117.02	108.72
76	149.77	139.31	128.57	119.99	111.40
77	153.27	142.53	131.52	122.67	113.79
78	158.64	147.37	136.09	126.68	117.57
79	164.00	152.19	140.37	130.98	121.05
80	168.83	156.74	144.68	134.74	124.54
81	173.66	161.04	148.70	138.24	128.03
82	177.96	165.08	152.19	141.45	130.98
83	185.48	172.06	158.36	147.08	136.09
84	192.98	178.75	164.55	152.74	141.17

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

Without Increasing Benefit Option

1,825 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	13.96	13.16	12.34	11.81	11.27
35-39	16.65	15.57	14.77	13.96	13.16
40-44	20.68	19.60	18.25	17.46	16.38
45-49	27.11	25.50	23.91	22.83	21.48
50	34.36	32.21	30.33	28.73	27.11
51	36.79	34.64	32.49	30.89	29.27
52	39.72	37.31	35.17	33.28	31.41
53	41.86	39.47	37.04	35.17	33.28
54	44.29	41.62	39.19	37.04	34.88
55	46.70	44.02	41.34	39.19	36.79
56	49.38	46.45	43.47	41.08	38.92
57	52.07	48.86	45.90	43.47	41.08
58	55.84	52.61	49.13	46.45	43.75
59	59.87	56.36	52.61	49.92	46.98
60	64.42	60.40	56.36	53.42	50.21
61	69.00	64.69	60.40	57.19	53.68
62	74.07	69.24	64.69	61.20	57.44
63	81.34	75.96	71.13	67.10	63.09
64	89.11	83.48	77.83	73.55	69.00
65	97.98	91.53	85.36	80.53	75.44
66	107.37	100.66	93.68	88.32	82.66
67	117.83	110.32	102.82	96.62	90.46
68	125.60	117.57	109.51	103.06	96.36
69	133.95	125.36	116.49	109.51	102.53
70	142.79	133.41	124.00	116.49	108.97
71	151.92	141.72	131.79	123.74	115.41
72	161.33	150.58	140.10	131.52	122.67
73	167.48	156.49	145.21	136.35	126.97
74	173.38	161.85	150.31	140.93	131.26
75	179.04	166.94	155.14	145.21	135.27
76	184.40	171.77	159.44	149.23	138.78
77	188.95	176.08	163.19	152.74	141.99
78	195.68	182.25	168.83	157.82	146.83
79	202.12	188.15	174.46	162.93	151.38
80	208.29	193.78	179.56	167.48	155.68
81	213.92	198.90	184.11	172.06	159.72
82	219.02	203.72	188.42	175.81	163.19
83	228.14	212.04	195.93	182.79	169.63
84	237.01	220.10	203.46	189.50	175.81

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

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BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

Without Increasing Benefit Option

2,920 Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	14.77	13.96	13.16	12.62	11.81
35-39	17.71	16.92	15.85	15.04	14.24
40-44	22.55	21.21	20.14	19.08	18.00
45-49	30.06	28.19	26.58	25.23	23.91
50	38.11	35.96	33.82	32.21	30.60
51	41.34	39.19	36.79	34.88	33.28
52	44.55	42.15	39.72	37.85	35.71
53	47.25	44.55	41.86	40.00	37.85
54	50.21	47.25	44.55	42.42	40.00
55	53.15	49.92	46.98	44.55	42.42
56	56.36	53.15	49.67	47.25	44.83
57	59.59	56.11	52.61	49.92	47.25
58	63.88	60.12	56.36	53.42	50.73
59	68.46	64.42	60.40	57.19	53.96
60	73.01	68.72	64.42	61.20	57.71
61	78.38	73.55	69.00	65.49	61.74
62	84.02	78.91	73.83	69.80	66.03
63	92.07	86.41	81.05	76.50	72.21
64	100.93	94.76	88.57	84.02	79.19
65	110.86	104.14	97.16	92.07	86.70
66	121.61	114.08	106.57	100.66	94.76
67	133.66	125.36	117.02	110.32	103.88
68	142.79	133.95	125.08	117.83	110.86
69	152.74	143.07	133.41	125.89	118.10
70	162.93	152.74	142.53	134.20	125.89
71	173.93	162.93	151.92	142.79	134.20
72	185.19	173.38	161.57	152.19	142.53
73	192.17	179.83	167.48	157.57	147.62
74	198.90	186.02	173.14	162.65	152.19
75	204.80	191.65	178.50	167.48	156.74
76	210.42	196.75	183.05	171.77	160.52
77	215.26	201.04	187.10	175.53	164.00
78	223.30	208.56	193.78	181.72	169.63
79	231.09	215.53	200.52	187.89	175.28
80	238.63	222.51	206.67	193.54	180.64
81	245.32	228.96	212.57	198.90	185.48
82	251.76	234.87	217.94	203.99	190.03
83	262.49	244.78	227.06	212.33	197.83
84	273.23	254.72	235.93	220.63	205.34

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

Without Increasing Benefit Option

Unlimited Day Benefit Period

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	15.57	14.77	13.96	13.42	12.62
35-39	18.79	18.00	16.92	16.11	15.32
40-44	24.15	22.83	21.75	20.68	19.60
45-49	32.49	30.89	28.98	27.90	26.58
50	41.34	39.19	36.79	35.17	33.56
51	44.55	42.15	40.00	38.11	36.25
52	48.06	45.63	42.94	41.08	39.19
53	51.29	48.59	45.63	43.47	41.62
54	54.49	51.53	48.59	46.45	44.02
55	57.98	54.76	51.53	49.13	46.70
56	61.47	58.27	54.76	52.35	49.67
57	65.49	61.74	58.27	55.57	52.88
58	70.05	66.30	62.26	59.32	56.36
59	75.15	70.85	66.57	63.34	60.40
60	80.26	75.96	71.40	67.92	64.42
61	86.17	81.05	76.22	72.47	68.72
62	92.33	86.97	81.59	77.58	73.55
63	101.21	95.30	89.64	85.09	80.53
64	111.40	104.68	98.23	93.39	88.32
65	122.13	115.16	107.89	102.53	96.90
66	134.47	126.43	118.62	112.47	106.29
67	147.62	138.78	129.91	123.20	116.49
68	157.82	148.43	139.04	131.79	124.28
69	168.83	158.64	148.43	140.64	132.58
70	180.36	169.37	158.64	150.04	141.45
71	192.46	180.64	169.10	159.96	150.58
72	205.34	192.73	180.36	170.45	160.25
73	212.04	199.15	186.02	175.81	165.35
74	218.48	205.07	191.65	180.91	169.91
75	224.67	210.71	196.75	185.48	174.20
76	230.04	215.80	201.31	189.77	177.96
77	234.87	220.10	205.34	193.25	181.18
78	242.91	227.34	212.04	199.69	187.10
79	250.44	234.59	218.48	205.88	192.73
80	257.94	241.30	224.92	211.49	198.09
81	264.92	247.74	230.84	216.88	202.91
82	271.08	253.65	235.93	221.98	207.50
83	282.10	263.57	245.32	230.57	215.26
84	292.83	273.51	254.43	238.87	223.30

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

With 5% Compound Benefit Option

365 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	11.31	10.88	9.84	9.10	8.40
35-39	14.31	13.22	12.17	11.71	10.70
40-44	17.97	16.87	15.21	14.11	13.37
45-49	22.15	20.38	18.66	17.56	16.44
50	25.21	23.44	21.36	20.22	18.19
51	26.10	24.30	22.45	21.02	19.26
52	27.28	25.43	23.30	21.85	20.07
53	28.62	26.49	24.32	22.60	21.09
54	29.69	27.55	25.42	23.62	21.82
55	30.80	28.62	26.46	24.65	22.55
56	32.16	29.69	27.20	25.67	23.30
57	33.54	31.00	28.53	26.39	24.58
58	34.41	31.91	29.36	27.23	25.36
59	35.90	33.08	30.53	28.33	25.91
60	37.12	33.94	31.39	29.18	26.70
61	38.34	35.12	32.54	30.33	27.81
62	39.26	36.35	33.40	30.92	28.65
63	41.63	38.39	35.41	32.52	29.93
64	43.73	40.42	37.10	34.47	31.57
65	46.49	43.11	39.43	36.48	33.50
66	49.00	45.27	41.52	38.23	35.23
67	51.87	47.77	43.70	40.33	37.25
68	51.99	47.84	43.72	40.34	36.93
69	52.10	47.97	43.78	40.36	36.92
70	51.65	47.44	43.53	40.08	36.61
71	51.48	46.93	43.28	39.77	36.29
72	50.70	46.72	42.75	39.18	35.69
73	49.83	45.83	41.80	38.55	34.99
74	48.62	44.90	40.87	37.58	34.00
75	47.45	43.35	39.60	36.58	33.26
76	45.86	41.78	38.30	34.97	31.93
77	44.00	40.17	36.95	33.90	30.85
78	43.69	40.12	36.29	33.52	30.15
79	43.06	39.49	35.89	32.81	30.00
80	42.10	38.79	35.22	32.10	29.28
81	41.07	37.74	34.44	31.34	28.78
82	40.33	36.67	33.36	30.53	27.98
83	39.55	36.19	32.78	30.21	27.31
84	39.04	35.89	32.79	29.88	26.97

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

With 5% Compound Benefit Option

730 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	14.08	12.74	11.98	11.29	10.26
35-39	17.71	16.65	15.00	14.20	13.20
40-44	22.39	21.00	19.32	18.27	16.89
45-49	27.89	25.88	24.14	22.73	20.73
50	32.06	29.95	27.57	25.80	24.06
51	33.29	31.16	29.01	26.95	25.19
52	34.81	32.35	30.18	28.12	26.03
53	36.55	34.07	31.61	29.50	27.40
54	38.27	35.80	33.02	30.91	28.79
55	40.08	37.25	34.73	32.27	29.85
56	42.12	39.27	36.45	33.68	31.57
57	44.18	40.76	37.89	35.41	32.68
58	45.79	42.32	39.42	36.63	33.86
59	47.70	44.49	40.97	38.15	35.33
60	49.65	46.09	42.83	39.74	36.86
61	51.93	48.02	44.44	41.28	38.38
62	53.64	49.68	46.08	42.88	39.37
63	57.09	52.82	49.16	45.57	42.30
64	60.96	56.29	51.96	48.33	44.70
65	64.57	59.82	55.11	51.14	47.45
66	68.82	63.45	58.67	54.62	50.25
67	72.94	67.45	62.28	57.59	53.11
68	73.61	68.07	62.55	58.05	53.31
69	73.97	68.34	62.80	58.25	53.47
70	74.33	68.69	63.06	58.20	53.64
71	74.14	68.74	63.05	58.42	53.50
72	73.93	68.18	62.71	58.04	53.39
73	72.92	67.40	61.60	56.93	52.50
74	71.58	66.00	60.75	56.02	51.57
75	69.86	64.29	59.30	54.55	50.04
76	67.86	62.51	57.49	53.03	48.51
77	65.46	60.40	55.34	51.14	46.89
78	65.78	60.36	55.24	51.26	46.71
79	65.46	60.28	55.15	50.78	46.50
80	64.83	59.88	54.66	50.33	46.26
81	64.17	59.19	54.19	49.82	45.73
82	63.44	58.43	53.39	49.00	44.82
83	63.36	58.56	53.19	49.02	44.80
84	63.59	58.10	53.23	48.74	44.47

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

With 5% Compound Benefit Option

1,095 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	15.97	14.91	13.89	13.20	12.50
35-39	20.25	18.90	17.82	16.80	15.52
40-44	25.92	24.23	22.84	21.47	20.43
45-49	32.79	31.04	28.70	27.30	25.60
50	37.65	35.25	32.83	31.07	29.33
51	39.47	36.74	34.62	32.57	30.53
52	41.04	38.33	35.82	33.76	32.02
53	43.12	40.38	37.88	35.53	33.43
54	45.53	42.47	39.69	37.55	35.15
55	47.66	44.57	41.75	39.35	37.21
56	50.10	46.97	43.85	41.41	38.97
57	52.86	49.43	45.95	43.19	40.72
58	55.15	51.63	48.16	45.37	42.58
59	57.48	53.92	50.09	47.27	44.45
60	60.09	56.51	52.65	49.55	46.37
61	62.76	58.87	54.66	51.78	48.33
62	65.79	61.24	57.02	53.80	50.56
63	70.01	65.40	61.09	57.25	53.65
64	74.65	69.93	64.65	61.05	56.79
65	79.62	74.27	68.89	64.89	60.60
66	84.71	79.26	73.24	69.16	64.20
67	90.24	84.38	77.97	73.24	68.46
68	91.38	85.14	78.98	74.17	68.79
69	92.24	85.95	80.02	74.83	69.71
70	93.15	86.80	80.47	75.58	70.07
71	93.71	87.33	80.66	75.73	70.39
72	93.79	87.32	81.15	75.85	70.21
73	93.21	86.69	80.18	74.80	69.73
74	91.69	85.17	78.88	73.80	68.36
75	89.84	83.85	77.51	72.39	66.91
76	88.00	81.60	75.82	70.64	65.46
77	85.42	79.32	73.49	68.24	63.39
78	85.54	79.37	73.52	68.54	63.28
79	85.06	79.13	73.19	67.91	63.14
80	84.83	78.87	72.57	67.50	62.73
81	84.27	78.23	71.92	67.10	61.68
82	83.06	76.97	70.88	66.00	60.89
83	83.19	77.00	71.13	66.20	60.96
84	83.01	77.05	70.77	66.05	60.78

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

With 5% Compound Benefit Option

1,825 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	18.79	17.74	16.74	15.72	14.75
35-39	24.36	22.99	21.35	20.30	19.27
40-44	31.32	29.36	27.66	26.31	24.94
45-49	39.91	37.53	35.46	33.48	31.76
50	45.81	43.37	40.37	38.60	36.54
51	48.28	45.23	42.48	40.10	38.06
52	50.23	47.14	44.09	41.99	39.88
53	53.32	49.88	46.80	44.40	41.99
54	56.07	52.62	49.25	46.80	44.37
55	59.18	55.43	51.99	49.25	46.43
56	62.31	58.51	54.76	51.93	48.91
57	65.74	61.91	57.84	54.76	51.65
58	69.02	64.59	60.43	57.29	54.16
59	72.31	67.58	63.37	59.93	56.44
60	75.43	70.88	66.35	62.56	59.03
61	79.09	74.22	69.32	65.52	61.69
62	82.90	77.94	72.70	68.53	64.64
63	88.50	83.15	77.29	73.03	68.49
64	94.79	88.78	82.82	77.92	73.28
65	100.90	94.51	88.14	83.19	77.87
66	107.75	100.68	93.91	88.26	82.88
67	115.04	107.53	100.06	94.01	88.22
68	117.95	110.08	102.55	96.14	89.99
69	120.63	112.69	105.03	98.56	92.07
70	123.12	115.06	107.03	100.76	93.90
71	125.63	117.44	109.31	102.39	95.71
72	127.84	119.61	111.11	104.09	97.03
73	126.86	118.27	109.98	102.92	96.10
74	125.27	116.91	108.54	101.73	94.87
75	123.27	115.16	106.48	99.91	92.99
76	120.36	112.50	104.33	97.39	91.03
77	117.35	109.42	101.50	94.81	88.41
78	117.94	109.66	101.98	95.25	88.49
79	117.92	109.87	101.53	95.00	88.22
80	117.59	109.47	101.33	94.76	87.87
81	116.86	108.92	100.76	93.85	87.22
82	115.71	107.49	99.52	92.85	86.20
83	116.38	108.00	99.96	93.20	86.48
84	117.02	108.52	100.08	93.55	86.72

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

With 5% Compound Benefit Option

2,920 Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	21.64	20.30	19.27	17.99	17.27
35-39	27.89	26.23	24.54	23.52	22.17
40-44	36.20	34.18	31.86	30.48	28.82
45-49	46.14	43.73	41.04	39.02	36.98
50	53.40	50.32	47.28	45.22	42.83
51	55.67	52.32	49.50	47.10	44.44
52	58.26	54.86	51.46	49.05	46.61
53	61.68	58.26	54.83	52.10	49.36
54	65.16	61.39	57.64	54.89	52.10
55	68.93	65.14	61.05	57.96	54.89
56	72.77	68.34	64.48	61.07	57.97
57	76.87	72.41	67.95	64.83	61.39
58	80.54	75.74	71.25	67.47	63.70
59	84.23	79.09	74.24	70.71	66.93
60	88.26	83.05	77.86	73.75	69.58
61	92.06	86.79	81.24	76.79	72.59
62	96.20	90.61	84.67	80.45	75.66
63	102.86	96.88	90.29	85.66	80.79
64	109.91	103.52	96.84	91.32	86.05
65	117.40	110.06	103.26	97.34	91.70
66	125.33	117.56	109.77	103.73	97.71
67	133.47	125.25	117.07	110.59	103.88
68	137.81	128.90	120.32	113.81	106.71
69	141.31	132.61	123.62	116.44	109.55
70	145.20	136.09	126.72	119.46	112.17
71	148.89	139.37	129.90	122.51	114.85
72	152.32	142.70	133.10	125.03	117.26
73	150.84	141.16	131.76	123.93	115.83
74	149.02	139.25	129.78	122.23	114.34
75	146.46	136.98	127.17	119.84	111.93
76	143.28	133.70	124.48	117.06	109.36
77	139.37	130.33	121.03	113.63	105.87
78	140.20	130.77	121.70	114.16	106.37
79	140.67	131.44	121.98	114.13	106.54
80	140.48	131.20	121.96	114.28	106.36
81	140.21	130.88	121.26	113.82	105.82
82	139.28	129.85	120.48	112.72	104.94
83	140.50	130.95	121.15	113.55	105.71
84	141.40	131.75	122.07	114.11	106.16

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female

Per $10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option

With 5% Compound Benefit Option

Unlimited Day Benefit Period

These rates are to be ADDED to the Without Increasing Benefit rates in order to obtain the rates including the 5% Compound Benefit Option

	Elimination Period				
Issue Age	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	23.60	22.27	20.93	19.94	19.19
35-39	30.48	28.82	27.13	26.12	24.77
40-44	39.83	37.76	35.48	33.78	32.40
45-49	51.06	48.36	45.67	43.39	41.34
50	59.35	56.27	53.16	50.83	48.43
51	62.25	59.14	55.46	53.07	50.65
52	65.47	61.78	58.35	55.61	52.91
53	68.97	65.24	61.78	59.04	55.99
54	73.13	69.03	65.24	62.19	59.40
55	77.24	73.14	69.03	65.93	62.86
56	82.05	77.29	72.86	69.43	65.99
57	86.61	82.08	76.96	73.27	69.83
58	90.88	85.80	80.65	76.85	73.08
59	94.98	89.80	84.58	80.47	76.06
60	99.66	93.55	88.31	83.85	79.72
61	103.84	98.26	92.39	87.87	83.38
62	108.71	102.44	96.49	91.93	87.10
63	116.64	110.04	103.13	98.20	92.97
64	124.51	117.46	110.44	104.58	98.95
65	133.39	125.35	117.93	111.66	105.66
66	142.44	133.97	125.55	119.17	112.50
67	152.24	143.04	134.16	127.09	119.74
68	156.44	146.85	137.56	130.46	122.95
69	160.40	150.71	141.34	133.53	125.98
70	164.16	154.35	144.28	136.68	128.74
71	167.99	157.78	147.60	139.61	131.24
72	171.34	160.98	150.42	142.26	133.81
73	170.43	159.79	149.34	140.89	132.39
74	168.58	158.15	147.69	139.13	130.89
75	166.08	155.56	145.34	137.35	128.72
76	163.16	152.60	142.61	134.26	126.20
77	159.24	149.21	139.18	131.10	122.97
78	159.47	149.62	139.53	131.38	122.88
79	159.59	149.43	139.51	131.01	122.76
80	159.10	148.84	138.58	130.60	122.29
81	158.26	147.91	137.57	129.82	121.45
82	156.99	146.27	136.47	128.05	119.90
83	157.61	147.04	136.85	128.66	120.43
84	157.88	147.51	137.22	128.91	120.32

Premiums for Rider Form Series 206A are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Montlhly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.

12059-PA

State: Pennsylvania **Filing Company:** Bankers Life and Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: GR-N100 & GR-N105
Project Name/Number: 2015 Legacy Rate Increase/

Supporting Document Schedules

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	PA Transmittal Form_N105.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Actuarial Certification (A&H)
Bypass Reason:	N/A This is a rate filing, not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	PA Memo - N105.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Advertisements (A&H)
Bypass Reason:	N/A This is a rate filing, not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Authorization to File (A&H)
Bypass Reason:	N/A This rate filing is not submitted by a third party.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Insert Page Explanation (A&H)
Bypass Reason:	N/A This is a rate filing, not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

State: *Pennsylvania* **Filing Company:** *Bankers Life and Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *GR-N100 & GR-N105*
Project Name/Number: *2015 Legacy Rate Increase/*

Bypassed - Item:	Rate Table (A&H)
Bypass Reason:	N/A This is a rate filing, not a form filing. Please see our rate sheets attached to the 'Rate/Rule Schedule' tab.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Replacement Form with Highlighted Changes (A&H)
Bypass Reason:	N/A This is a rate filing, not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Reserve Calculation (A&H)
Bypass Reason:	N/A This is a rate filing, not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Variability Explanation (A&H)
Bypass Reason:	N/A This is a rate filing, not a form filing.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Rate History
Comments:	
Attachment(s):	Rate Increase History for Filing - Legacy.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	PA Cover Letter - N105_New.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Excel Versions of Exhibit I

State: *Pennsylvania*
Filing Company: *Bankers Life and Casualty Company*
TOI/Sub-TOI: *LTC03I Individual Long Term Care/LTC03I.001 Qualified*
Product Name: *GR-N100 & GR-N105*
Project Name/Number: *2015 Legacy Rate Increase/*

Comments:	
Attachment(s):	Exhibit I - N105.xls
Item Status:	
Status Date:	

State:	Pennsylvania	**Filing Company:**	Bankers Life and Casualty Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	GR-N100 & GR-N105		
Project Name/Number:	2015 Legacy Rate Increase/		

Attachment Exhibit I - N105.xls is not a PDF document and cannot be reproduced here.

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Pennsylvania

2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Bankers Life & Casualty Company 111 E. Wacker Dr. Chicago, IL 60601	Illinois		233	61263	36-0770740	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Dave Krydynski 111 E. Wacker Dr. Chicago, IL 60601	(312) 396-6099	(312) 396-5906	d.krydynski@banklife.com

5.	Requested Filing Mode	☒ Review & Approval ☐ File & Use ☐ Informational ☐ Combination (please explain): _____ ☐ Other (please explain): _____

6.	Company Tracking Number	
7.	☒ New Submission ☐ Resubmission	Previous file # _____
8.	Market	☒ Individual ☐ Franchise Group: ☐ Small ☐ Large ☐ Small and Large ☐ Employer ☐ Association ☐ Blanket ☐ Discretionary ☐ Trust ☐ Other: _____
9.	Type of Insurance	LTC03I Individual Long Term Care
10.	Product Coding Matrix Filing Code	LTC03I.001 Qualified
11.	Submitted Documents	☐ **FORMS** ☐ Policy ☐ Outline of Coverage ☐ Certificate ☐ Application/Enrollment ☐ Rider/Endorsement ☐ Advertising ☐ Schedule of Benefits ☐ Other **Rates** ☐ New Rate ☒ Revised Rate ☐ **FILING OTHER THAN FORM OR RATE:** Please explain: _____ **SUPPORTING DOCUMENTATION** ☐ Articles of Incorporation ☐ Third Party Authorization ☐ Association Bylaws ☐ Trust Agreements ☐ Statement of Variability ☐ Certifications ☒ Actuarial Memorandum ☐ Other_____

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12.	**Filing Submission Date**	**5/12/2015**			
13	**Filing Fee (If required)**	Amount	$0	Check Date	
		Retaliatory	☒ Yes ☐ No	Check Number	
14.	**Date of Domiciliary Approval**	**N/A**			

15. Filing Description:

Individual Policy Form Series: GR-N100, GR-N105
Rider Form Series: 187R, 195M, & 195N

Dear Commissioner:

We are filing revised premium rates for your consideration and approval on the above captioned policy forms and riders currently on file with your department. The revised rates are 35% higher for all policies with policy forms listed above.

All of these policy forms are guaranteed renewable long term care policy forms which are no longer being sold. These policy forms were generally sold from 1994 through 1999.

The projected lifetime loss ratios for these forms are in excess of original expectations, resulting in the requested rate increase. The attached Actuarial Memorandum contains justification for the rate increase as well as the revised premium rates. There were two rate increases of 35% in May 2006 and November 2008 on these policy forms in your state, including those policies without an inflation benefit, and a third increase of 14% in June 2012 only on those policies with an inflation benefit.

Upon state insurance department approval, we will implement this increase to policies on their next billing date following a 45 day policyholder notification period at which time we will provide them with options to downgrade coverage, (if available), in order to help mitigate the impact of the rate increase as well as a toll free customer service number.

We respectfully request your approval of this filing. Please feel free to contact us via SERFF, phone (312) 396-6099, fax (312)396-5906 or e-mail d.krydynski@banklife.com.

16. Certification (If required)

I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of Pennsylvania.

Print Name **Dave Krydynski** Title **Senior Actuarial Analyst**

Signature Date: **5/12/2015**

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17.	Form Filing Attachment
This filing transmittal is part of company tracking number	
This filing corresponds to rate filing company tracking number	

	Document Name / Description	Form Number		Replaced Form Number / Previous State Filing Number
01			☐ Initial ☐ Revised ☐ Other _____	
02			☐ Initial ☐ Revised ☐ Other _____	
03			☐ Initial ☐ Revised ☐ Other _____	
04			☐ Initial ☐ Revised ☐ Other _____	
05			☐ Initial ☐ Revised ☐ Other _____	
06			☐ Initial ☐ Revised ☐ Other _____	
07			☐ Initial ☐ Revised ☐ Other _____	
08			☐ Initial ☐ Revised ☐ Other _____	
09			☐ Initial ☐ Revised ☐ Other _____	
10			☐ Initial ☐ Revised ☐ Other _____	

LH FFA-1

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18.	Rate Filing Attachment			
This filing transmittal is part of company tracking number				
This filing corresponds to form filing company tracking number				
Overall percentage rate indication (when applicable)			**35%**	
Overall percentage rate impact for this filing			**35%**	
	Document Name **Description**	**Affected Form Numbers**		**Previous State Filing Number**
01	**PA Memo – N105.doc** **Actuarial Memorandum**		☒ **New** ☐ **Revised** **Request +____-____%** ☐ **Other _____**	
02	**GR-N100_N105_PA** **Rates**	**GR-N100, GR-N105**	☐ **New** ☒ **Revised** **Request +35% -____%** ☐ **Other _____**	
03			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
04			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
05			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
06			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
07			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
08			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
09			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	
10			☐ **New** ☐ **Revised** **Request +____% -____%** ☐ **Other _____**	

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Bankers Life and Casualty Company

Rate Increase Memorandum
Individual Long Term Care

I. Purpose of Filing

To request a 35% rate increase due to significantly higher than anticipated future and lifetime loss ratios. The rate increase applies to the base policy forms and all riders listed in **Table 1**. These policies were generally sold from 1994-1999 nationwide.

II. Scope of Filing

This filing applies to inforce policies issued in your state. These policy forms are no longer being marketed. **Table 1** includes the issue years for these policy forms as well as the number of policyholders and average monthly premium inforce as of 9/30/14 in your state and nationwide.

III. General Description

A. Policy Type - **Table 1** includes a description of each Policy Form and Rider.
B. Renewability – All Policy Forms and Riders are Guaranteed Renewable.
C. Proposed Effective Date – Upon state insurance department approval, we will implement this increase to policies on their next billing date following a 45 day policyholder notification period.

IV. Rate Justification Standard - Minimum Loss Ratios

Exhibit 1 contains Pennsylvania only and nationwide experience projections by policy form or form grouping and illustrates that the anticipated lifetime loss ratio with and without the requested rate increase exceeds the minimum loss ratio of 60%. The lifetime loss ratio based on claims incurred through 9/30/14 and paid through 12/31/2014 is calculated as the sum of accumulated past and discounted future claims divided by the sum of accumulated past and discounted future earned premium where accumulation and discounting occur at 4.5%. A summary of the anticipated lifetime loss ratios with and without the requested rate increase are shown by policy form or form grouping below. Nationwide earned premiums are restated to be at your state specific rate levels.

Summary of Anticipated Lifetime Loss Ratios
***Pennsylvania Only** By Policy Form/Form Grouping*
All Policies

Policy Form Series	Anticipated Lifetime Loss Ratio w/o Rate Increase (@4.5%)	Anticipated Lifetime Loss Ratio w/ Rate Increase (@4.5%)
GR-N100/GR-N105	90.1%	85.8%

Summary of Anticipated Lifetime Loss Ratios
***Nationwide** By Policy Form/Form Grouping*
All Policies

Policy Form Series	Anticipated Lifetime Loss Ratio w/o Rate Increase (@4.5%)	Anticipated Lifetime Loss Ratio w/ Rate Increase (@4.5%)
GR-N045/GR-N053 GR-N100/GR-N105/GR-N115	95.0%	90.7%

Furthermore, the requested rate increase complies with the current NAIC Model where the present value of past and future projected incurred claims (both without active life reserves) is not less than 58% of the present value of past and future projected earned premiums at the original level plus 85% of the present value of the future projected premiums provided from the requested rate increase.

V. Reason for Rate Increase

A rate increase is necessary at this time due to significantly higher than anticipated future and lifetime loss ratios. The higher than anticipated loss ratios are primarily driven by higher than expected claim costs, resulting in inadequate premium rates over the lifetime of the policy forms. Premiums for our currently sold policy forms already reflect updated claim cost assumptions based on emerging experience in their pricing.

VI. Actuarial Assumptions

A. Interest - A 4.5% annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience to the present.

B. Mortality Rates - The 1994 GAM (sex-distinct) table has been assumed for modeling future policy terminations due to death.

C. Lapse Rates - In addition to deaths, an ultimate annual voluntary lapse rate of 1.5% for comprehensive policies and 2% for facility-only policies was used.

D. Expected Claim Costs – Expected claim costs used in the projection of future experience were developed in a comprehensive 2014 actual-to-expected study performed on actual past experience to date on the affected policy forms and other similar inforce long-term care policies. A complete set of revised base claim cost tables varying by policy type, attained age, benefit multiplier, inflation protection benefit, and gender were built, and adjustment factors that reflect actual emerging experience on each policy form group generation were applied to the respective form groupings.

E. Rate Increase History – There were two rate increases of 35% in May 2006 and November 2008 on these policy forms in your state, including those policies without an inflation benefit, and a third increase of 14% in June 2012 only on those policies with an inflation benefit.

F. Effective Date Assumption – For the projections, the rate increase is assumed to be 50% effective in 2015 and 100% effective thereafter.

VII. Premium Rates

Premium rates are unisex, level and payable for life. The premiums vary by issue age, elimination period, benefit period, initial daily maximum amounts and inflation protection option. Rate Sheets for each policy form and available riders are attached.

VIII. Claim Liability and Reserves

For reported claims, seriatim tabular reserves are calculated based on continuance tables used in pricing. The reserves are adjusted for open claims with no recent payment activity and for closed claims which may be reopened later.

For unreported claims, an IBNR reserve is calculated as the product of estimated number of IBNR cases from lag study times an average claim size based on reported cases by benefit type and incurred quarter.

The experience projections in Exhibit I contain our expected claim liability as of the valuation date. The following table provides some examples of how our claim reserves have verified out over time. We are using a discount factor of 4.5%. The relatively flat loss ratio indicates that the established reserves are closely matched to the future claim payouts.

Nationwide Experience
Discounted @ 4.5%

Claims Incurred through 2003

Paid Thru	Earned Premium	Paid Claims	Claim Reserves	IBNR	Total Inc Claims	Loss Ratio
12/31/2003	3,089,693,365	814,060,085	248,617,074	86,441,124	1,149,118,283	37.2%
12/31/2004	3,089,693,365	941,596,551	195,661,963	5,287,974	1,142,546,488	37.0%
12/31/2005	3,089,693,365	1,022,773,280	110,501,872	105,747	1,133,380,899	36.7%
12/31/2006	3,089,693,365	1,066,788,510	63,813,513	2,036,196	1,132,638,218	36.7%
12/31/2007	3,089,693,365	1,090,419,856	40,681,698	2,846,176	1,133,947,730	36.7%
12/31/2008	3,089,693,365	1,102,964,521	26,829,611	3,759,973	1,133,554,106	36.7%
12/31/2009	3,089,693,365	1,109,809,171	19,109,005	5,076,114	1,133,994,290	36.7%
12/31/2010	3,089,693,365	1,113,943,390	16,463,040	3,739,840	1,134,146,270	36.7%

Nationwide Experience
Discounted @ 4.5%

Claims Incurred through 2006

Paid Thru	Earned Premium	Paid Claims	Claim Reserves	IBNR	Total Inc Claims	Loss Ratio
12/31/2006	4,388,252,372	1,332,890,065	360,338,277	177,266,925	1,870,495,267	42.6%
12/31/2007	4,388,252,372	1,526,646,740	293,150,198	35,231,304	1,855,028,241	42.3%
12/31/2008	4,388,252,372	1,650,936,103	167,325,048	28,511,197	1,846,772,348	42.1%
12/31/2009	4,388,252,372	1,720,938,185	101,707,191	21,079,055	1,843,724,431	42.0%
12/31/2010	4,388,252,372	1,756,770,301	71,900,244	10,895,353	1,839,565,898	41.9%

Nationwide Experience
Discounted @ 4.5%

Claims Incurred through 2008

Paid Thru	Earned Premium	Paid Claims	Claim Reserves	IBNR	Total Inc Claims	Loss Ratio
12/31/2008	5,345,583,784	1,800,699,975	445,263,061	271,380,839	2,517,343,875	47.1%
12/31/2009	5,345,583,784	2,034,742,399	349,393,299	107,608,546	2,491,744,244	46.6%

12/31/2010	5,345,583,784	2,179,898,606	222,862,031	65,411,220	2,468,171,857	46.2%

IX. Actuarial Certification

I hereby certify that, to the best of my knowledge and belief, the rate filing submitted herein is in compliance with all applicable laws and regulations of the state in which it is filed, and that it complies with Actuarial Standard of Practice No. 8, "Regulatory Filings for Rates and Financial Projections for Health Plans." I further certify that the anticipated loss ratio submitted herein is expected to develop over the period for which the rates are computed to provide coverage, and that the benefits are reasonable in relation to the premiums charged.

Sanja Zehnder, FSA, MAAA
Managing Actuary

Table I

Base Policy Forms

Policy Form Series	Policy Type	Dates of Issue	Rate Increase Request	Number of Policies Inforce		Average Monthly Premium			
						Nationwide		Pennsylvania	
				Nationwide	Pennsylvania	Before Increase	After Increase	Before Increase	After Increase
GR-N045	Facility Care	1994-1999	35.0%	362	0	187	253	NA	NA
GR-N053	Long Term Care			602	0	199	269	NA	NA
GR-N100	Facility Care			5,525	208	151	204	143	193
GR-N105	Long Term Care			20,156	788	208	281	202	273
GR-N115	Long Term Care			126	0	221	298	NA	NA

Rider Forms Also Affected When Attached to Any of the Above Policy Forms[3]

Rider Form Series:

187R - Return of Premium Nonforfeiture Riders
206A - Shortened Benefit Period Nonforfeiture Rider
223G - Shared Maximum Benefit Rider
226A - Survivor Maximum Benefit Increase Rider
226G - Paid-Up Survivorship Benefit Rider

(1) Issue Date ranges are based on nationwide availability and may vary slightly from state to state.

(2) Inforce Counts and Average Monthly Premium are as of 9/30/14. Policy count is a member count since we allow two members to a policy in spousal cases. Average Monthly Premium includes Riders. Some Forms are not available in certain states.

(3) Riders are based on nationwide availability. Some Riders are not available in certain states.

EXHIBIT I
BANKERS LIFE AND CASUALTY COMPANY
PENNSYLVANIA EXPERIENCE PROJECTIONS WITH AND WITHOUT RATE INCREASE
POLICY FORMS: GR-N100, GR-N105
ALL POLICIES

						Without Interest						
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
				(C)/(A)								(J)/(I+K)
	Pennsylvania	Original		Loss Ratio without	Active	Fut. Earned Premium Shock	Percent of Future Increase	Future Claim Shock	Revised Pennsylvania	Revised	Proposed Increased Earned	Loss Ratio with Proposed
Year	Rate Level Earned Premium	Rate Level Earned Premium	Incurred Claims	Proposed Rate Incr.	Life Reserves Current Balance	Lapse	Implemented	Lapse	Rate Level Earned Premium	Incurred Claims	Premium	Rate Incr.
1986	$ -	$ -	$ -	0.0%		0.0%	0.0%	0.0%	$ -	$ -	$ -	0.0%
1987	-	-	-	0.0%		0.0%	0.0%	0.0%	-	-	-	0.0%
1988	-	-	-	0.0%		0.0%	0.0%	0.0%	-	-	-	0.0%
1989	-	-	-	0.0%		0.0%	0.0%	0.0%	-	-	-	0.0%
1990	-	-	-	0.0%		0.0%	0.0%	0.0%	-	-	-	0.0%
1991	-	-	-	0.0%		0.0%	0.0%	0.0%	-	-	-	0.0%
1992	-	-	-	0.0%		0.0%	0.0%	0.0%	-	-	-	0.0%
1993	-	-	-	0.0%		0.0%	0.0%	0.0%	-	-	-	0.0%
1994	-	-	-	0.0%		0.0%	0.0%	0.0%	-	-	-	0.0%
1995	269,853	269,853	4,380	1.6%		0.0%	0.0%	0.0%	269,853	4,380	-	1.6%
1996	1,522,386	1,522,386	8,287	0.5%		0.0%	0.0%	0.0%	1,522,386	8,287	-	0.5%
1997	2,778,425	2,778,425	368,990	13.3%		0.0%	0.0%	0.0%	2,778,425	368,990	-	13.3%
1998	3,692,405	3,692,405	87,078	2.4%		0.0%	0.0%	0.0%	3,692,405	87,078	-	2.4%
1999	3,651,656	3,651,656	522,347	14.3%		0.0%	0.0%	0.0%	3,651,656	522,347	-	14.3%
2000	3,394,613	3,394,613	1,233,394	36.3%		0.0%	0.0%	0.0%	3,394,613	1,233,394	-	36.3%
2001	3,236,751	3,236,751	1,110,259	34.3%		0.0%	0.0%	0.0%	3,236,751	1,110,259	-	34.3%
2002	3,080,665	3,080,665	1,593,195	51.7%		0.0%	0.0%	0.0%	3,080,665	1,593,195	-	51.7%
2003	2,939,019	2,939,019	1,482,300	50.4%		0.0%	0.0%	0.0%	2,939,019	1,482,300	-	50.4%
2004	2,794,606	2,794,606	1,711,756	61.3%		0.0%	0.0%	0.0%	2,794,606	1,711,756	-	61.3%
2005	2,622,625	2,622,625	1,942,076	74.1%		0.0%	0.0%	0.0%	2,622,625	1,942,076	-	74.1%
2006	2,685,606	2,471,568	2,873,184	107.0%		0.0%	0.0%	0.0%	2,685,606	2,873,184	-	107.0%
2007	2,898,807	2,160,333	2,542,289	87.7%		0.0%	0.0%	0.0%	2,898,807	2,542,289	-	87.7%
2008	2,678,408	1,984,006	1,927,176	72.0%		0.0%	0.0%	0.0%	2,678,408	1,927,176	-	72.0%
2009	2,919,408	1,650,913	2,325,111	79.6%		0.0%	0.0%	0.0%	2,919,408	2,325,111	-	79.6%
2010	2,845,512	1,561,323	2,520,636	88.6%		0.0%	0.0%	0.0%	2,845,512	2,520,636	-	88.6%
2011	2,634,682	1,445,641	3,191,379	121.1%		0.0%	0.0%	0.0%	2,634,682	3,191,379	-	121.1%
2012	2,276,321	1,233,805	1,649,589	72.5%		0.0%	0.0%	0.0%	2,276,321	1,649,589	-	72.5%
2013	2,308,287	1,213,323	2,502,801	108.4%		0.0%	0.0%	0.0%	2,308,287	2,502,801	-	108.4%
2014	1,508,695	791,367	2,832,190	187.7%		0.0%	0.0%	0.0%	1,508,695	2,832,190	-	187.7%
Subtotal Actual	$ 52,738,729	$ 44,495,283	$ 32,428,415	61.5%	$ -				$ 52,738,729	$ 32,428,415	$ -	61.5%
2014	$ 495,324	$ 259,817	$ 856,844	173.0%		0.0%	0.0%	0.0%	$ 495,324	$ 856,844	$ -	173.0%
2015	1,861,112	976,223	3,550,216	190.8%		5.0%	50.0%	1.0%	1,768,056	3,514,714	309,410	169.2%
2016	1,675,447	878,826	3,689,956	220.2%		0.0%	100.0%	1.0%	1,591,675	3,616,157	557,086	168.3%
2017	1,498,854	786,189	3,754,620	250.5%		0.0%	100.0%	1.0%	1,423,911	3,641,981	498,369	189.5%
2018	1,332,077	698,704	3,758,700	282.2%		0.0%	100.0%	1.0%	1,265,473	3,608,352	442,916	211.2%
2019	1,175,738	616,694	3,714,159	315.9%		0.0%	100.0%	1.0%	1,116,951	3,528,451	390,933	234.0%
2020	1,030,320	540,414	3,628,179	352.1%		0.0%	100.0%	0.0%	978,804	3,446,770	342,581	260.8%
2021	896,169	470,045	3,507,417	391.4%		0.0%	100.0%	0.0%	851,360	3,332,046	297,976	289.9%
2022	773,496	405,698	3,359,434	434.3%		0.0%	100.0%	0.0%	734,821	3,191,463	257,187	321.7%
2023	662,357	347,402	3,188,972	481.5%		0.0%	100.0%	0.0%	629,239	3,029,523	220,234	356.6%
2024	562,652	295,104	2,999,296	533.1%		0.0%	100.0%	0.0%	534,520	2,849,331	187,082	394.9%
2025	474,102	248,657	2,790,808	588.7%		0.0%	100.0%	0.0%	450,397	2,651,267	157,639	436.0%
2026	396,272	207,834	2,568,599	648.2%		0.0%	100.0%	0.0%	376,459	2,440,169	131,761	480.1%
2027	328,574	172,326	2,340,261	712.2%		0.0%	100.0%	0.0%	312,145	2,223,248	109,251	527.6%
2028	270,314	141,769	2,115,551	782.6%		0.0%	100.0%	0.0%	256,799	2,009,773	89,880	579.7%
2029	220,708	115,750	1,908,774	864.8%		0.0%	100.0%	0.0%	209,672	1,813,336	73,385	640.6%
2030	178,909	93,827	1,714,352	958.2%		0.0%	100.0%	0.0%	169,964	1,628,634	59,487	709.8%
2031	144,050	75,544	1,528,437	1061.0%		0.0%	100.0%	0.0%	136,847	1,452,015	47,897	786.0%
2032	115,259	60,444	1,306,999	1134.0%		0.0%	100.0%	0.0%	109,496	1,241,649	38,323	840.0%
2033	91,699	48,088	1,150,229	1254.3%		0.0%	100.0%	0.0%	87,114	1,092,717	30,490	929.1%
2034	72,592	38,067	1,014,110	1397.0%		0.0%	100.0%	0.0%	68,962	963,405	24,137	1034.8%
2035	57,218	30,005	891,988	1558.9%		0.0%	100.0%	0.0%	54,357	847,389	19,025	1154.8%
2036	44,931	23,561	782,108	1740.7%		0.0%	100.0%	0.0%	42,684	743,003	14,939	1289.4%
2037	35,175	18,445	683,574	1943.4%		0.0%	100.0%	0.0%	33,416	649,395	11,696	1439.5%
2038	27,471	14,405	596,268	2170.6%		0.0%	100.0%	0.0%	26,097	566,454	9,134	1607.8%
2039	21,414	11,229	519,787	2427.3%		0.0%	100.0%	0.0%	20,344	493,798	7,120	1798.0%
2040	16,670	8,740	452,543	2714.8%		0.0%	100.0%	0.0%	15,836	429,916	5,543	2011.0%
2041	12,960	6,795	393,059	3032.8%		0.0%	100.0%	0.0%	12,312	373,406	4,309	2246.6%
2042	10,062	5,276	340,186	3381.0%		0.0%	100.0%	0.0%	9,559	323,177	3,346	2504.4%
2043	7,803	4,091	293,437	3760.6%		0.0%	100.0%	0.0%	7,413	278,765	2,594	2785.6%
2044	6,046	3,170	252,413	4174.8%		0.0%	100.0%	0.0%	5,744	239,792	2,010	3092.5%
2045	4,683	2,455	216,319	4618.8%		0.0%	100.0%	0.0%	4,449	205,503	1,557	3421.3%
2046	3,626	1,901	185,003	5102.3%		0.0%	100.0%	0.0%	3,445	175,753	1,206	3779.5%
2047	2,802	1,469	157,843	5632.3%		0.0%	100.0%	0.0%	2,662	149,951	932	4172.1%
2048	2,163	1,134	134,579	6222.6%		0.0%	100.0%	0.0%	2,055	127,850	719	4609.3%
2049	1,667	874	114,614	6877.5%		0.0%	100.0%	0.0%	1,583	108,884	554	5094.5%
2050	1,282	672	97,703	7623.8%		0.0%	100.0%	0.0%	1,217	92,817	426	5647.2%
2051	984	516	83,316	8469.1%		0.0%	100.0%	0.0%	935	79,150	327	6273.4%
2052	753	395	70,851	9405.5%		0.0%	100.0%	0.0%	716	67,308	250	6967.1%
2053	575	301	59,906	10420.3%		0.0%	100.0%	0.0%	546	56,911	191	7718.7%
2054	437	229	50,486	11545.2%		0.0%	100.0%	0.0%	415	47,962	145	8552.0%
2055	331	174	42,663	12870.1%		0.0%	100.0%	0.0%	315	40,530	110	9533.4%
Subtotal Projected	$ 14,515,077	$ 7,613,262	$ 60,864,562	419.3%					$ 13,814,090	$ 58,229,563	$ 4,352,158	320.5%
Total Actual + Proj. (no interest)	$ 67,253,806	$ 52,108,545	$ 93,292,977	138.7%					$ 66,552,818	$ 90,657,978	$ 4,352,158	127.9%
Present Valued to 12/31/2014 @ 4.5% interest:												
Subtotal Actual	$ 84,174,511	$ 74,276,304	$ 44,722,003	53.1%					$ 84,174,511	$ 44,722,003	$ -	53.1%
Subtotal Projected	$ 11,577,624	$ 6,072,622	$ 41,589,132	359.2%					$ 11,024,060	$ 39,895,502	$ 3,378,525	277.0%
Total Actual + Proj.	$ 95,752,134	$ 80,348,926	$ 86,311,135	90.1%					$ 95,198,570	$ 84,617,505	$ 3,378,525	85.8%

EXHIBIT I
BANKERS LIFE AND CASUALTY COMPANY
NATIONWIDE EXPERIENCE PROJECTIONS WITH AND WITHOUT RATE INCREASE
POLICY FORMS: GR-N045, GR-N053, GR-N100, GR-N105, GR-N115
ALL POLICIES

Without Interest

Year	(A) Pennsylvania Rate Level Earned Premium	(B) Original Rate Level Earned Premium	(C) Incurred Claims	(D) (C)/(A) Loss Ratio without Proposed Rate Incr.	(E) Active Life Reserves Current Balance	(F) Fut. Earned Premium Shock Lapse	(G) Percent of Future Increase Implemented	(H) Future Claim Shock Lapse	(I) Revised Pennsylvania Rate Level Earned Premium	(J) Revised Incurred Claims	(K) Proposed Increased Earned Premium	(L) (J)/(I+K) Loss Ratio with Proposed Rate Incr.
1986	$ -	$ -	$ -	0.0%		0.0%	0.0%	0.0%	$ -	$ -	$ -	0.0%
1987	-	-	-	0.0%		0.0%	0.0%	0.0%	-	-	-	0.0%
1988	-	-	-	0.0%		0.0%	0.0%	0.0%	-	-	-	0.0%
1989	-	-	-	0.0%		0.0%	0.0%	0.0%	-	-	-	0.0%
1990	-	-	-	0.0%		0.0%	0.0%	0.0%	-	-	-	0.0%
1991	-	-	-	0.0%		0.0%	0.0%	0.0%	-	-	-	0.0%
1992	-	-	-	0.0%		0.0%	0.0%	0.0%	-	-	-	0.0%
1993	-	-	-	0.0%		0.0%	0.0%	0.0%	-	-	-	0.0%
1994	1,057,522	1,057,522	202,892	19.2%		0.0%	0.0%	0.0%	1,057,522	202,892	-	19.2%
1995	17,153,214	17,153,214	1,700,566	9.9%		0.0%	0.0%	0.0%	17,153,214	1,700,566	-	9.9%
1996	50,523,295	50,523,295	5,550,022	11.0%		0.0%	0.0%	0.0%	50,523,295	5,550,022	-	11.0%
1997	87,014,441	87,014,441	10,971,305	12.6%		0.0%	0.0%	0.0%	87,014,441	10,971,305	-	12.6%
1998	110,537,291	110,537,291	17,394,190	15.7%		0.0%	0.0%	0.0%	110,537,291	17,394,190	-	15.7%
1999	106,950,468	106,950,468	23,225,393	21.7%		0.0%	0.0%	0.0%	106,950,468	23,225,393	-	21.7%
2000	99,531,019	99,531,019	34,482,913	34.6%		0.0%	0.0%	0.0%	99,531,019	34,482,913	-	34.6%
2001	93,887,544	93,887,544	41,656,740	44.4%		0.0%	0.0%	0.0%	93,887,544	41,656,740	-	44.4%
2002	88,808,918	88,808,918	49,486,554	55.7%		0.0%	0.0%	0.0%	88,808,918	49,486,554	-	55.7%
2003	84,621,225	84,621,225	45,735,568	54.0%		0.0%	0.0%	0.0%	84,621,225	45,735,568	-	54.0%
2004	80,344,690	80,344,690	56,132,059	69.9%		0.0%	0.0%	0.0%	80,344,690	56,132,059	-	69.9%
2005	76,250,740	76,250,740	60,847,264	79.8%		0.0%	0.0%	0.0%	76,250,740	60,847,264	-	79.8%
2006	75,882,131	69,834,466	72,959,470	96.1%		0.0%	0.0%	0.0%	75,882,131	72,959,470	-	96.1%
2007	86,110,621	64,173,857	75,548,234	87.7%		0.0%	0.0%	0.0%	86,110,621	75,548,234	-	87.7%
2008	80,471,821	59,608,756	79,974,723	99.4%		0.0%	0.0%	0.0%	80,471,821	79,974,723	-	99.4%
2009	92,301,462	52,196,100	81,240,392	88.0%		0.0%	0.0%	0.0%	92,301,462	81,240,392	-	88.0%
2010	86,189,948	47,292,153	86,911,691	100.8%		0.0%	0.0%	0.0%	86,189,948	86,911,691	-	100.8%
2011	76,832,709	42,157,865	90,913,186	118.3%		0.0%	0.0%	0.0%	76,832,709	90,913,186	-	118.3%
2012	68,370,073	36,818,747	89,656,044	131.1%		0.0%	0.0%	0.0%	68,370,073	89,656,044	-	131.1%
2013	64,752,563	33,288,891	97,530,332	150.6%		0.0%	0.0%	0.0%	64,752,563	97,530,332	-	150.6%
2014	44,036,016	22,589,267	74,452,686	169.1%		0.0%	0.0%	0.0%	44,036,016	74,452,686	-	169.1%
Subtotal Actual	$ 1,571,627,713	$ 1,324,640,470	$ 1,096,572,226	69.8%	$ 487,453,290				$ 1,571,627,713	$ 1,096,572,226	$ -	69.8%
2014	$ 14,447,229	$ 7,401,614	$ 24,489,649	169.5%		0.0%	0.0%	0.0%	$ 14,447,229	$ 24,489,649	$ -	169.5%
2015	54,034,667	27,674,231	101,510,216	187.9%		5.0%	50.0%	1.0%	51,332,934	100,495,113	8,983,263	166.6%
2016	48,619,933	24,876,629	105,595,277	217.2%		0.0%	100.0%	1.0%	46,188,937	103,483,371	16,166,128	166.0%
2017	43,472,236	22,219,885	107,538,175	247.4%		0.0%	100.0%	1.0%	41,298,624	104,312,029	14,454,518	187.1%
2018	38,613,056	19,714,934	107,743,961	279.0%		0.0%	100.0%	1.0%	36,682,403	103,434,203	12,838,841	208.9%
2019	34,060,381	17,370,836	106,549,611	312.8%		0.0%	100.0%	1.0%	32,357,362	101,222,130	11,325,077	231.7%
2020	29,828,159	15,194,502	104,155,694	349.2%		0.0%	100.0%	0.0%	28,336,751	98,947,909	9,917,863	258.7%
2021	25,926,345	13,190,731	100,748,573	388.6%		0.0%	100.0%	0.0%	24,630,028	95,711,144	8,620,510	287.8%
2022	22,360,840	11,362,186	96,549,490	431.8%		0.0%	100.0%	0.0%	21,242,798	91,722,016	7,434,979	319.8%
2023	19,132,951	9,709,125	91,684,448	479.2%		0.0%	100.0%	0.0%	18,176,303	87,100,225	6,361,706	355.0%
2024	16,239,403	8,229,445	86,256,827	531.2%		0.0%	100.0%	0.0%	15,427,433	81,943,986	5,399,601	393.5%
2025	13,671,693	6,918,350	80,277,945	587.2%		0.0%	100.0%	0.0%	12,988,108	76,264,047	4,545,838	435.0%
2026	11,416,766	5,768,729	73,901,677	647.3%		0.0%	100.0%	0.0%	10,845,927	70,206,594	3,796,075	479.5%
2027	9,457,120	4,771,210	67,342,461	712.1%		0.0%	100.0%	0.0%	8,984,264	63,975,338	3,144,492	527.5%
2028	7,772,245	3,914,935	60,886,616	783.4%		0.0%	100.0%	0.0%	7,383,633	57,842,285	2,584,271	580.3%
2029	6,338,959	3,187,720	54,935,006	866.6%		0.0%	100.0%	0.0%	6,022,011	52,188,256	2,107,704	641.9%
2030	5,132,396	2,576,575	49,332,473	961.2%		0.0%	100.0%	0.0%	4,875,776	46,865,849	1,706,522	712.0%
2031	4,127,106	2,068,270	43,963,939	1065.2%		0.0%	100.0%	0.0%	3,920,751	41,765,743	1,372,263	789.1%
2032	3,297,646	1,649,627	37,583,398	1139.7%		0.0%	100.0%	0.0%	3,132,763	35,704,228	1,096,467	844.2%
2033	2,619,591	1,308,037	33,049,158	1261.6%		0.0%	100.0%	0.0%	2,488,612	31,396,700	871,014	934.5%
2034	2,070,247	1,031,819	29,106,806	1406.0%		0.0%	100.0%	0.0%	1,966,735	27,651,466	688,357	1041.5%
2035	1,628,715	810,247	25,568,812	1569.9%		0.0%	100.0%	0.0%	1,547,279	24,290,371	541,548	1162.9%
2036	1,276,287	633,742	22,380,707	1753.6%		0.0%	100.0%	0.0%	1,212,473	21,261,672	424,366	1298.9%
2037	996,829	494,068	19,517,287	1957.9%		0.0%	100.0%	0.0%	946,988	18,541,422	331,446	1450.3%
2038	776,480	384,164	16,975,906	2186.3%		0.0%	100.0%	0.0%	737,656	16,127,111	258,180	1619.5%
2039	603,565	298,098	14,747,477	2443.4%		0.0%	100.0%	0.0%	573,387	14,010,103	200,685	1809.9%
2040	468,359	230,939	12,790,707	2731.0%		0.0%	100.0%	0.0%	444,941	12,151,172	155,729	2022.9%
2041	362,909	178,664	11,063,869	3048.7%		0.0%	100.0%	0.0%	344,764	10,510,676	120,667	2258.3%
2042	280,732	138,001	9,533,303	3395.9%		0.0%	100.0%	0.0%	266,695	9,056,638	93,343	2515.5%
2043	216,886	106,467	8,185,027	3773.9%		0.0%	100.0%	0.0%	206,041	7,775,776	72,114	2795.5%
2044	167,396	82,067	7,008,284	4186.6%		0.0%	100.0%	0.0%	159,026	6,657,870	55,659	3101.2%
2045	129,156	63,244	5,979,706	4629.8%		0.0%	100.0%	0.0%	122,698	5,680,721	42,944	3429.5%
2046	99,596	48,715	5,092,504	5113.2%		0.0%	100.0%	0.0%	94,616	4,837,879	33,116	3787.5%
2047	76,680	37,465	4,327,576	5643.7%		0.0%	100.0%	0.0%	72,846	4,111,197	25,496	4180.5%
2048	58,960	28,777	3,676,038	6234.8%		0.0%	100.0%	0.0%	56,012	3,492,236	19,604	4618.4%
2049	45,271	22,073	3,120,034	6891.9%		0.0%	100.0%	0.0%	43,008	2,964,032	15,053	5105.1%
2050	34,701	16,902	2,651,577	7641.3%		0.0%	100.0%	0.0%	32,966	2,518,998	11,538	5660.2%
2051	26,559	12,923	2,255,070	8490.9%		0.0%	100.0%	0.0%	25,231	2,142,316	8,831	6289.5%
2052	20,284	9,860	1,913,390	9432.8%		0.0%	100.0%	0.0%	19,270	1,817,721	6,745	6987.3%
2053	15,443	7,499	1,614,709	10455.7%		0.0%	100.0%	0.0%	14,671	1,533,974	5,135	7744.9%
2054	11,723	5,687	1,358,769	11590.5%		0.0%	100.0%	0.0%	11,137	1,290,831	3,898	8585.5%
2055	8,871	4,299	1,146,829	12927.6%		0.0%	100.0%	0.0%	8,428	1,089,488	2,950	9576.0%
Subtotal Projected	$ 419,944,372	$ 213,753,293	$ 1,744,108,980	415.3%					$ 399,669,515	$ 1,668,584,484	$ 125,844,537	317.5%
Total Actual + Proj. (no interest)	$ 1,991,572,085	$ 1,538,393,763	$ 2,840,681,206	142.6%					$ 1,971,297,228	$ 2,765,156,710	$ 125,844,537	131.9%
Present Valued to 12/31/2014 @ 4.5% interest:												
Subtotal Actual	$ 2,521,508,150	$ 2,224,709,189	$ 1,520,122,846	60.3%					$ 2,521,508,150	$ 1,520,122,846	$ -	60.3%
Subtotal Projected	$ 335,267,168	$ 170,875,023	$ 1,192,685,144	355.7%					$ 319,242,245	$ 1,144,090,344	$ 97,778,020	274.3%
Total Actual + Proj.	$ 2,856,775,318	$ 2,395,584,212	$ 2,712,807,991	95.0%					$ 2,840,750,395	$ 2,664,213,190	$ 97,778,020	90.7%

Cumulative Rate Increase History

Bankers Life & Casualty Company - Legacy Block

Inforce Premium as of 12/31/2013 based on original rate levels

	Inforce Premium at Original Rate Level		Cumulative Past Approved Increases		Approval* Dates of Past Increase Requests							Current Request	
State	Non-Inflation	Inflation	Non-Inflation	Inflation	1	2	3	4	5	6	7	Filed	Approved*
AK	-	-	82.3%	146.0%	Not Req'd								
AL	456,038	229,518	82.3%	146.0%	10/26/05	9/5/08	6/21/11					5/8/15	
AR	883,334	250,957	80.1%	116.0%	1/11/06	11/26/08	4/29/10	11/30/11					
AZ	1,259,067	774,747	79.8%	120.7%	1/18/05	8/30/07	10/1/09	8/24/10	8/25/11				
CA	2,300,079	6,414,296	43.7%	31.1%	6/1/06	6/12/07	11/30/09						
CO	546,101	748,072	82.3%	146.0%	2/7/06	12/19/08	4/13/12						
CT	810,723	2,397,344	0.0%	0.0%									
DE	133,624	189,931	82.2%	131.3%	2/14/06	3/19/07	10/16/09	1/10/11	2/15/12	5/14/13			
DC	31,530	12,844	0.0%	0.0%									
FL	8,807,423	6,071,526	19.1%	19.6%	6/6/06								
GA	1,135,899	651,677	82.3%	99.0%	2/2/06	2/12/07	2/25/09	2/25/10	1/6/11	5/25/12	7/15/14	5/4/15	
HI	32,223	-	0.0%	0.0%									
IA	4,445,442	3,701,007	85.0%	149.7%	1/5/06	2/13/09	10/13/10	11/8/11	12/26/12			5/4/15	
ID	741,522	630,432	80.1%	103.3%	2/8/06	4/14/09	7/7/11						
IL	2,668,610	1,435,977	82.3%	145.7%	10/25/05	8/21/08	3/29/11					5/4/15	
IN	1,073,195	2,597,249	82.3%	99.0%	1/26/06	12/16/08	8/6/12						
KS	2,476,814	3,827,350	81.6%	106.6%	1/6/06	4/24/07	7/28/09	8/25/10	9/28/11	10/12/12		5/4/15	
KY	1,240,930	283,181	82.3%	116.5%	2/27/06	8/21/09	3/14/11	6/27/12				5/4/15	
LA	1,068,101	151,030	82.3%	146.0%	12/15/05	10/31/08	12/21/10					5/4/15	
MA	2,244,336	1,943,611	35.0%	35.0%	3/15/06								
MD	644,345	308,735	82.2%	131.3%	2/23/06	2/9/07	11/12/08	2/8/10	2/27/12	2/22/13			
ME	686,222	1,017,573	56.8%	59.5%	3/8/06	12/9/08							
MI	964,246	1,272,770	82.3%	146.0%	11/10/05	9/16/08	10/26/10					5/4/15	
MN	1,947,921	2,730,397	82.3%	82.3%	1/26/06	2/11/09							
MO	3,088,865	1,881,578	82.3%	151.6%	3/7/06	10/30/08	6/27/12					5/8/15	
MS	1,267,518	411,864	82.3%	146.0%	10/28/05	11/25/08	8/30/11	11/9/12					
MT	438,594	298,593	82.3%	146.0%	2/1/06	10/31/08	3/21/11					5/6/15	
NC	3,366,580	2,494,165	78.2%	139.9%	12/14/05	10/31/08	7/27/10	11/9/11				5/8/15	
ND	402,966	21,851	82.2%	135.7%	12/1/05	1/26/07	12/18/08	4/9/10	10/19/11	2/15/13			
NE	1,477,638	604,656	82.3%	146.0%	1/3/06	10/14/08	11/16/10					5/4/15	
NH	822,794	1,351,870	82.3%	146.0%	11/20/08	2/2/10	8/1/12						
NJ	348,594	320,950	9.7%	9.9%	6/29/06								
NM	213,317	147,704	82.3%	82.3%	12/9/05	5/27/09	7/10/13						
NV	190,868	187,302	9.9%	10.2%	11/29/06								
NY	-	-	0.0%	0.0%									
OH	2,048,437	889,643	82.3%	146.0%	11/8/05	10/31/08	5/23/11						
OK	895,122	911,921	74.9%	74.9%	11/28/05	12/1/09	10/13/11						
OR	1,432,754	1,709,807	79.6%	147.8%	2/10/06	11/19/08	8/18/11						
PA	2,772,140	1,001,881	76.4%	123.4%	3/14/06	11/3/08	1/27/11	6/27/12					
RI	67,080	72,234	82.3%	82.3%	4/3/06	9/26/08							
SC	1,034,265	1,142,586	86.3%	151.5%	12/29/05	1/15/09	5/13/11					5/4/15	
SD	281,050	112,020	82.3%	146.0%	11/4/05	10/6/08	10/4/11						
TN	2,242,458	597,774	82.3%	146.0%	12/12/05	7/23/09	4/8/11	8/20/12				5/4/15	
TX	4,955,332	2,572,002	82.3%	133.1%	1/19/06	12/9/08	1/21/11	8/10/12				5/4/15	
UT	270,748	342,095	79.4%	80.8%	1/11/06	10/23/09							
VA	1,375,230	1,186,768	82.3%	82.3%	12/21/05	6/24/09							
VT	213,856	330,445	17.5%	17.5%	5/8/06								
WA	1,548,971	2,624,756	82.3%	146.0%	1/24/06	4/23/07	12/24/08	1/29/10	12/15/10			5/4/15	
WI	2,085,913	2,220,992	78.6%	80.0%	3/23/06	9/21/10	7/23/14						
WV	669,205	165,823	82.3%	146.0%	12/12/05	11/21/08	12/10/10	2/1/12				5/4/15	
WY	107,209	147,982	82.3%	146.0%	10/28/05	8/11/08	10/29/10						

* Note: not all states require formal rate filing or approval. Approved percentage indicates amount approved for states that formally approve rates OR the rate increase that the Company has implemented for those states that do not require approval.

BANKERS LIFE

May 12, 2015

Dave Krydynski
Product & Risk Management Dept

NAIC: 233-61263
FEIN: 36-0770740

VIA SERFF
Teresa D. Miller
Acting Commissioner
Commonwealth of Pennsylvania
Bureau of Rates & Policies
1311 Strawberry Square
Room 1787-41921
Harrisburg, PA 17120

Attention: Commissioner

RE: Bankers Life & Casualty Company - Long Term Care Insurance
Individual Policy Form Series: GR-N100, GR-N105
Rider Form Series: 187R, 195M, & 195N

Dear Commissioner:

We are filing revised premium rates for your consideration and approval on the above captioned policy forms and riders currently on file with your department. The revised rates are 35% higher for all policies with policy forms listed above.

All of these policy forms are guaranteed renewable long term care policy forms which are no longer being sold. These policy forms were generally sold from 1994 through 1999.

The projected lifetime loss ratios for these forms are in excess of original expectations, resulting in the requested rate increase. The attached Actuarial Memorandum contains justification for the rate increase as well as the revised premium rates. There were two rate increases of 35% in May 2006 and November 2008 on these policy forms in your state, including those policies without an inflation benefit, and a third increase of 14% in June 2012 only on those policies with an inflation benefit.

Upon state insurance department approval, we will implement this increase to policies on their next billing date following a 45 day policyholder notification period at which time we will provide them with options to downgrade coverage, (if available), in order to help mitigate the impact of the rate increase as well as a toll free customer service number.

We respectfully request your approval of this filing. Please feel free to contact us via SERFF, phone (312) 396-6099, fax (312)396-5906 or e-mail d.krydynski@banklife.com.

Sincerely,

Dave Krydynski
Senior Actuarial Analyst
Enclosures

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tel: 312-396-6099 · fax: 312-396-5906 · e-mail: d.krydynski@banklife.com