



Southwest Service Life Insurance Company

Rates for Policy Form HI-2019

First Premium Payment -Collect one time \$25 Initial Application Fee to be paid in addition to Mode Premium. Initial premiums are based on age at last birthday of the oldest applicant. Family rate includes parent(s) and up to four dependent children under age 26 and based on oldest family member.

Pays Daily Hospital Benefit / 1st Day Admission Benefit / ICU + Medical Benefits--In & Out of Hospital. TREATMENT FOR CANCER INCLUDED

Health Guard Ltd. Plus Plan A	Health Guard Ltd. Preferred Plan B
No Lifetime Maximum \$200,000 Per Person for each Sickness and Accident No-Deductible Policy Daily Hospital Benefit 1st year \$2,000, 2nd year \$2,500 and 3rd year \$3,000 1st Day Admission Benefit 1st year \$1,000, 2nd year \$1,250 and 3rd year \$1,500 Daily ICU Benefit \$750.00	No Lifetime Maximum \$250,000 Per Person for each Sickness and Accident No Deductible Policy Daily Hospital Benefit 1st year \$2,500, 2nd year \$3,000 and 3rd year \$3,500 1st Day Admission Benefit 1st year \$1,250, 2nd year \$1,500 and 3rd year \$1,750 Daily ICU Benefit \$950.00

Ages	Monthly	M.B.D.	Monthly	M.B.D.
0-26				
Dependent Child	86.00	79.00	96.00	88.00
19-35				
Individual	173.00	158.00	194.00	177.00
Husband & Wife	328.00	300.00	367.00	336.00
Family Group	414.00	379.00	464.00	424.00
36-50				
Individual	240.00	220.00	269.00	246.00
Husband & Wife	456.00	417.00	511.00	467.00
Family Group	542.00	498.00	607.00	558.00
50-64				
Individual	276.00	251.00	309.00	281.00
Husband & Wife	524.00	476.00	587.00	533.00
Family Group	610.00	555.00	683.00	622.00

AO - ACCIDENT ONLY POLICY PAYS HOSPITAL AND MEDICAL EXPENSES

PREMIUMS					
	Annual	Semi-Annual	Quarterly	Monthly	MBD
\$300 PLAN					
Individual, Age 0-64	\$59.00	\$31.25	\$16.50	\$5.90	\$5.30
Family Group	118.00	62.50	33.00	11.80	10.60
\$500 PLAN					
Individual, Age 0-64	\$94.00	\$49.75	\$26.30	\$9.40	\$8.45
Family Group	187.00	89.50	52.60	19.20	16.90
\$1,000 PLAN					
Individual, Age 0-64	\$175.00	\$92.75	\$49.00	\$17.50	\$15.75
Family Group	350.00	185.50	98.00	35.00	31.50
\$1,500 PLAN					
Individual, Age 0-64	\$191.32	\$106.29	\$59.05	\$ 21.87	\$20.77
Family Group	382.64	212.58	118.10	43.74	41.54
\$2,000 PLAN					
Individual, Age 0-64	\$239.00	\$132.82	\$73.79	\$27.33	\$25.96
Family Group	478.00	265.64	147.58	54.66	51.92
\$2,500 PLAN					
Individual, Age 0-64	\$298.82	\$166.01	\$92.23	\$34.16	\$32.45
Family Group	597.64	332.02	184.46	68.32	64.90

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10 Year Term Life with Critical Illness Benefits

SOUTHWEST SERVICE LIFE INSURANCE COMPANY

Issue Amounts up to \$25,000 - Issue Ages 18 to 65 - Policy Form No. SWLT-10 and CCLB Rider (1-1-10)

Premiums per 1,000 Face Amount plus Policy Fee of \$25.00 (\$2.25 Monthly Bank Draft)

Premium Rates for:
SWLT-10 with CCLB-Rider

MALE NON-TOBACCO USER			
Rates per \$1,000 of Face Amount			
AGE	POLICY ANNUAL	MBD	MONTHLY
18	9.80	0.89	0.98
19	9.80	0.89	0.98
20	9.80	0.89	0.98
21	9.80	0.89	0.98
22	9.82	0.89	0.98
23	9.84	0.89	0.98
24	9.86	0.89	0.99
25	9.88	0.89	0.99
26	9.91	0.90	0.99
27	9.95	0.90	1.00
28	9.99	0.90	1.00
29	10.03	0.91	1.00
30	10.07	0.91	1.01
31	10.13	0.91	1.01
32	10.20	0.92	1.02
33	10.27	0.92	1.03
34	10.34	0.93	1.04
35	10.42	0.94	1.04
36	10.64	0.96	1.07
37	10.88	0.98	1.08
38	11.13	1.00	1.11
39	11.39	1.03	1.14
40	11.65	1.05	1.17
41	12.00	1.08	1.20
42	12.38	1.12	1.24
43	12.79	1.16	1.28
44	13.22	1.19	1.32
45	13.69	1.23	1.37
46	14.30	1.29	1.43
47	14.95	1.34	1.49
48	15.65	1.41	1.57
49	16.39	1.47	1.64
50	17.20	1.55	1.73
51	18.44	1.66	1.85
52	19.77	1.78	1.98
53	21.17	1.90	2.12
54	22.65	2.04	2.27
55	24.18	2.17	2.42
56	25.88	2.33	2.59
57	27.66	2.49	2.77
58	29.52	2.66	2.96
59	31.46	2.83	3.15
60	33.48	3.01	3.35
61	34.61	3.12	3.46
62	35.91	3.23	3.59
63	37.36	3.36	3.74
64	38.97	3.51	3.90
65	40.77	3.67	4.08

Premium Rates for:
SWLT-10 with CCLB-Rider

FEMALE NON-TOBACCO USER			
Rates per \$1,000 of Face Amount			
AGE	POLICY ANNUAL	MBD	MONTHLY
18	9.20	0.83	0.92
19	9.20	0.83	0.92
20	9.20	0.83	0.92
21	9.20	0.83	0.92
22	9.22	0.83	0.92
23	9.24	0.83	0.92
24	9.26	0.83	0.93
25	9.28	0.83	0.93
26	9.31	0.84	0.93
27	9.35	0.84	0.94
28	9.39	0.84	0.94
29	9.43	0.85	0.94
30	9.47	0.85	0.95
31	9.57	0.86	0.96
32	9.67	0.87	0.97
33	9.78	0.88	0.98
34	9.90	0.89	0.99
35	9.99	0.90	1.00
36	10.20	0.92	1.02
37	10.42	0.93	1.04
38	10.64	0.96	1.06
39	10.86	0.98	1.09
40	11.07	0.99	1.11
41	11.36	1.02	1.13
42	11.65	1.05	1.16
43	11.96	1.08	1.20
44	12.27	1.10	1.23
45	12.61	1.13	1.26
46	12.96	1.16	1.30
47	13.33	1.20	1.33
48	13.73	1.24	1.38
49	14.14	1.27	1.42
50	14.57	1.31	1.46
51	15.10	1.36	1.51
52	15.68	1.42	1.57
53	16.30	1.46	1.64
54	16.98	1.53	1.70
55	17.72	1.59	1.77
56	18.74	1.69	1.87
57	19.81	1.78	1.98
58	20.93	1.89	2.10
59	22.13	1.99	2.22
60	23.38	2.11	2.34
61	24.57	2.21	2.46
62	25.87	2.33	2.59
63	27.32	2.46	2.74
64	28.89	2.60	2.89
65	30.59	2.75	3.06

Premium Rates for:
SWLT-10 with CCLB-Rider

MALE TOBACCO USER			
Rates per \$1,000 of Face Amount			
AGE	POLICY ANNUAL	MBD	MONTHLY
18	10.65	0.96	1.07
19	10.65	0.96	1.07
20	10.65	0.96	1.07
21	10.65	0.96	1.07
22	10.67	0.96	1.07
23	10.69	0.96	1.07
24	10.71	0.96	1.08
25	10.73	0.96	1.08
26	10.76	0.97	1.08
27	10.80	0.97	1.09
28	10.84	0.97	1.09
29	10.88	0.98	1.09
30	10.92	0.98	1.10
31	10.97	0.98	1.10
32	11.24	1.01	1.13
33	11.43	1.02	1.14
34	11.62	1.05	1.17
35	11.82	1.06	1.18
36	12.36	1.11	1.24
37	12.93	1.16	1.29
38	13.52	1.22	1.35
39	14.13	1.28	1.42
40	14.75	1.33	1.48
41	15.65	1.41	1.56
42	16.58	1.50	1.66
43	17.56	1.59	1.76
44	18.60	1.67	1.86
45	19.69	1.77	1.97
46	21.02	1.89	2.10
47	22.41	2.01	2.24
48	23.86	2.15	2.39
49	25.37	2.28	2.54
50	26.95	2.43	2.70
51	28.95	2.60	2.90
52	31.04	2.80	3.11
53	33.22	2.99	3.33
54	35.48	3.19	3.55
55	37.83	3.40	3.78
56	40.31	3.63	4.03
57	42.85	3.86	4.29
58	45.46	4.10	4.55
59	48.14	4.33	4.82
60	50.88	4.58	5.09
61	52.55	4.73	5.25
62	54.42	4.90	5.45
63	56.50	5.08	5.66
64	58.78	5.29	5.88
65	61.27	5.51	6.13

Premium Rates for:
SWLT-10 with CCLB-Rider

FEMALE TOBACCO USER			
Rates per \$1,000 of Face Amount			
AGE	POLICY ANNUAL	MBD	MONTHLY
18	10.03	0.91	1.00
19	10.03	0.91	1.00
20	10.03	0.91	1.00
21	10.03	0.91	1.00
22	10.05	0.91	1.00
23	10.07	0.91	1.00
24	10.09	0.91	1.01
25	10.11	0.91	1.01
26	10.14	0.92	1.01
27	10.18	0.92	1.02
28	10.22	0.92	1.02
29	10.26	0.93	1.02
30	10.30	0.93	1.03
31	10.46	0.94	1.04
32	10.65	0.96	1.07
33	10.84	0.97	1.08
34	11.05	1.00	1.11
35	11.26	1.01	1.12
36	11.65	1.05	1.17
37	12.06	1.08	1.20
38	12.47	1.12	1.25
39	12.89	1.16	1.29
40	13.30	1.19	1.34
41	13.85	1.25	1.38
42	14.39	1.30	1.44
43	14.95	1.35	1.50
44	15.54	1.40	1.56
45	16.16	1.45	1.62
46	16.78	1.51	1.68
47	17.43	1.57	1.74
48	18.10	1.63	1.81
49	18.78	1.69	1.88
50	19.45	1.75	1.95
51	20.65	1.86	2.07
52	21.88	1.97	2.19
53	23.16	2.08	2.32
54	24.53	2.21	2.46
55	25.93	2.33	2.59
56	27.32	2.46	2.73
57	28.74	2.59	2.88
58	30.22	2.72	3.03
59	31.78	2.86	3.18
60	33.38	3.01	3.34
61	34.45	3.10	3.44
62	35.64	3.21	3.57
63	37.01	3.33	3.71
64	38.57	3.47	3.86
65	40.27	3.62	4.03

MODE FACTOR Semi-Annual - .52 / Quarterly - .265 / Monthly - .10

CANCER INCOME POLICY AC-502

PLAN SELECTED:

STANDARD PLAN

PREFERRED PLAN

Monthly Premium (MBD)

Basic

Basic + ICU (Option A)

Basic + ICU (Option B)

Basic

Basic + ICU

A. Individual Plan

☐ \$14.95

☐ \$16.71

☐ \$19.18

☐ \$20.93

☐ \$25.35

B. Family Plan

☐ \$26.33

☐ \$29.84

☐ \$34.78

☐ \$36.40

☐ \$44.85

H&S-1 COVERAGE

Heart & Stroke-1 Preferred \$250,000 aggregate - the individual rate is \$16.00 Monthly or \$15.00 MBD.

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