PLAINTIFF'S EXHIBIT

MET-849

GROUP RATE BOOK

INDEX

	Page
Group Life	
Rates	1
Loadings for Industry	2-3
Loading for NonCaucasian Lives	4
Employees' Contributions	4
Maximum Amounts of Insurance	4
Permanent Protection	48
Group Insurance for Death or Dismemberment by Accidental Means	
Notes	5
Industrial Classifications	10-13
Rates	10-13
Group Accident and Health	
Loadings for Industry (Non-Occupational Insurance)	8
Loadings for Occupational Coverage	10-13
Notes	5
Non-occupational rates - U. S.	6
Non-occupational rates - Canada	9 Canada
Occupational Coverage - Rates	14
Group Hospital Expense	
Loadings for Industry (Non-Occupational Insurance)	8
Notes	5
Rates - Personal Insurance - Quality Plan	15 Quality
Rates - Personal Insurance - Preferred Plan	15 Preferred
Rates - Personal Insurance - Canada	15 Canada
Rates - Dependent Insurance - U.S.	15A
Rates - Dependent Insurance - Canada	15A Canada
Group Surgical	
Rates - Personal Insurance - U. S.	15 Quality 15 Preferred
Rates - Personal Insurance - Canada	15 Canada
Rates - Dependent Insurance - U.S.	15A
Rates - Dependent Insurance - Canada	15A Canada
Salary Allotment	16
Group Annuities	
Notes	17
Combined employer and employee rates	18-21
Past service benefits - employer only rates	22-23
Current service benefits provided by employee contributions	24-25
Option factors for retirement prior to normal retirement age	25
Option factors for dependent's option provision	26A
Maximum Employee Contributions	44
Ordinary Rates	27
Life Annuities	28

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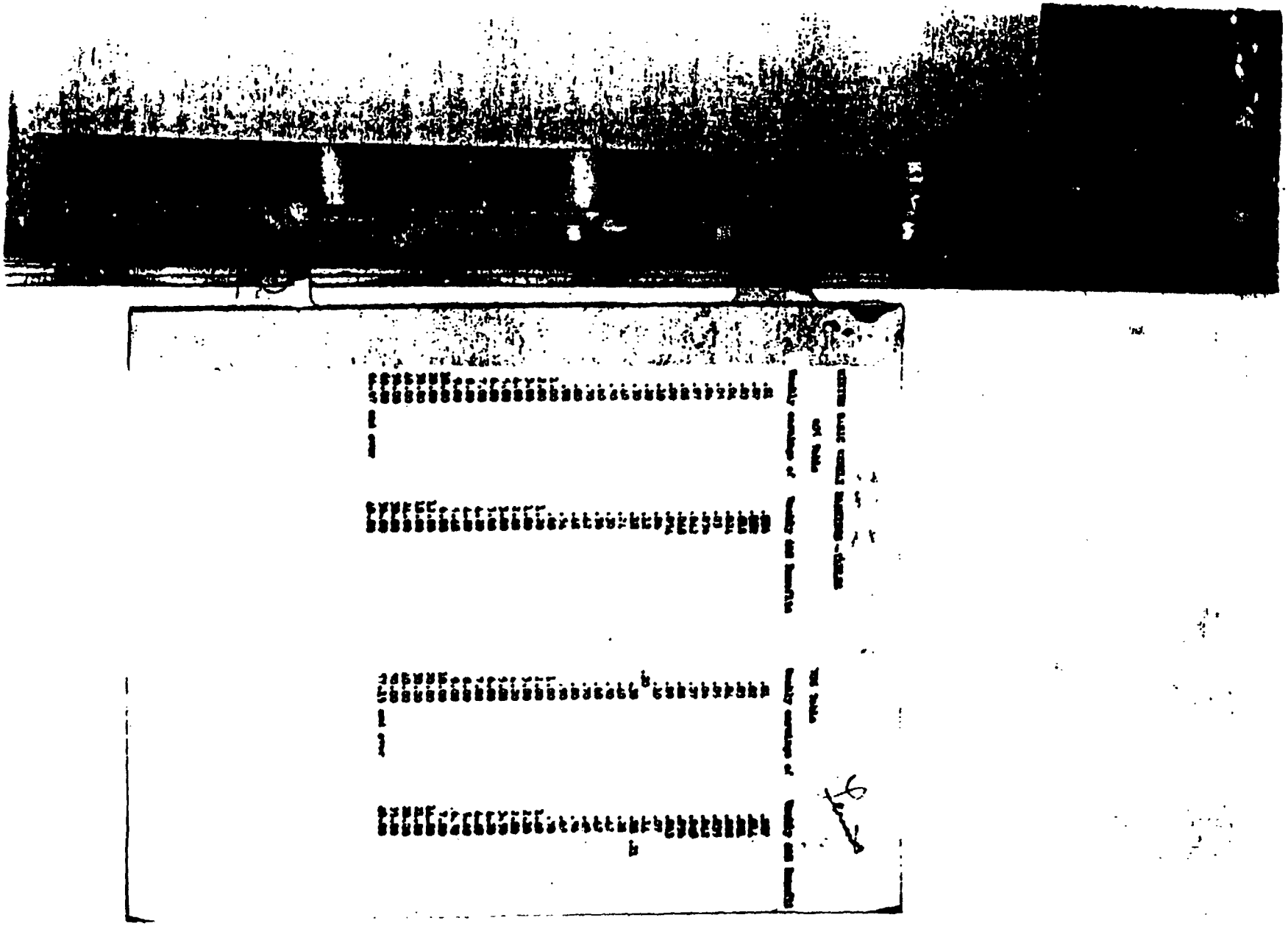
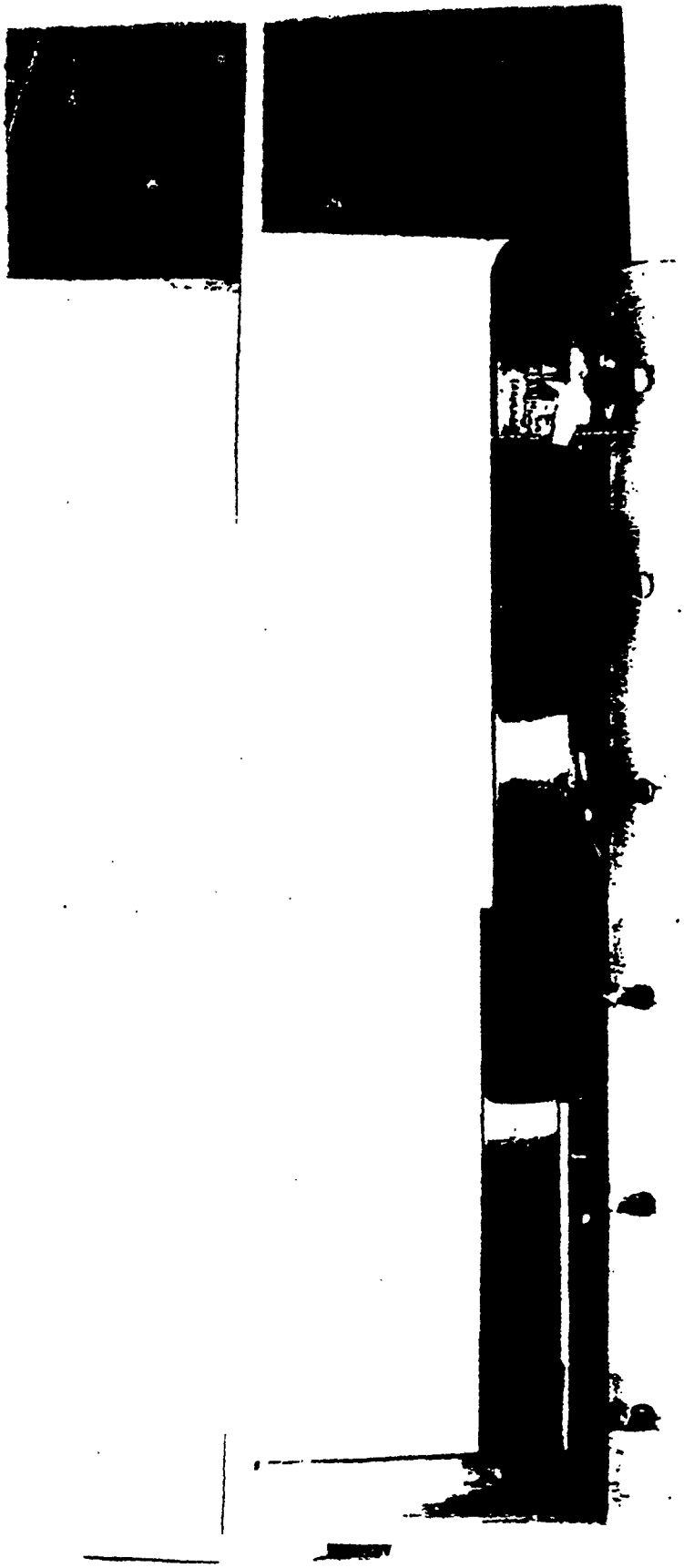
Roger D. Lewis





SCHEDULE OF MONTHLY EQUIVALENTS OF WEEKLY CONTR

This table may be used to translate a weekly contribution
equivalent, or vice-versa.

The table does not indicate maximum employees' contributio
designed simply to enable one to find quickly the weekly o
lost of a given contribution.

Weekly	Monthly	Weekly	Monthly	Weekly	Monthly
.06	.216	.55	2.383	1.05	[illegible]
.06	.26	.56	2.426	1.06	4.593
.07	.303	.57	2.47	1.07	4.636
.08	.346	.58	2.513	1.08	4.66
.08	.39	.59	2.556	1.09	4.723
.10	.433	.60	2.60	1.10	4.766
.11	.476	.61	2.643	1.11	4.81
.12	.52	.62	2.686	1.12	4.853
.13	.563	.63	2.73	1.13	4.896
.14	.606	.64	2.773	1.14	4.94
.15	.65	.65	2.816	1.15	4.983
.16	.693	.66	2.86	1.16	5.026
.17	.736	.67	2.903	1.17	5.07
.18	.78	.68	2.946	1.18	5.113
.19	.823	.69	2.99	1.19	5.156
.20	.866	.70	3.033	1.20	5.20
.21	.91	.71	3.076	1.21	5.243
.22	.953	.72	3.12	1.22	5.286
.23	.996	.73	3.163	1.23	5.33
.24	1.04	.74	3.206	1.24	5.373
.25	1.083	.75	3.25	1.25	5.416
.26	1.126	.76	3.293	1.26	5.46
.27	1.17	.77	3.336	1.27	5.503
.28	1.213	.78	3.38	1.28	5.546
.29	1.256	.79	3.423	1.29	5.59
.30	1.30	.80	3.466	1.30	5.633
.31	1.343	.81	3.51	1.31	5.676
.32	1.386	.82	3.553	1.32	5.72
.33	1.43	.83	3.596	1.33	5.763
.34	1.473	.84	3.64	1.34	5.806
.35	1.516	.85	3.683	1.35	5.8[illegible]
.36	1.56	.86	3.726	1.36	5.8[illegible]3
.37	1.603	.87	3.77	1.37	5.9[illegible]6
.38	1.646	.88	3.813	1.38	5.9[illegible]
.39	1.69	.89	3.856	1.39	6.023
.40	1.733	.90	3.90	1.40	6.066
.41	1.776	.91	3.943	1.41	6.11
.42	1.82	.92	3.986	1.42	6.153
.43	1.863	.93	4.03	1.43	6.196
.44	1.906	.94	4.073	1.44	6.24
.45	1.95	.95	4.116	1.45	6.283
.46	1.993	.96	4.16	1.46	6.326
.47	2.036	.97	4.203	1.47	6.37
.48	2.08	.98	4.246	1.48	6.413
.49	2.123	.99	4.29	1.49	6.456
.50	2.166	1.00	4.333	1.50	6.50
.51	2.21	1.01	4.376	1.51	6.543
.52	2.253	1.02	4.42	1.52	6.586
.53	2.296	1.03	4.463	1.53	6.63
.54	2.34	1.04	4.506	1.54	6.673

6 mills means 2/3 of a cent exactly;
3 mills means 1/3 of a cent exactly.

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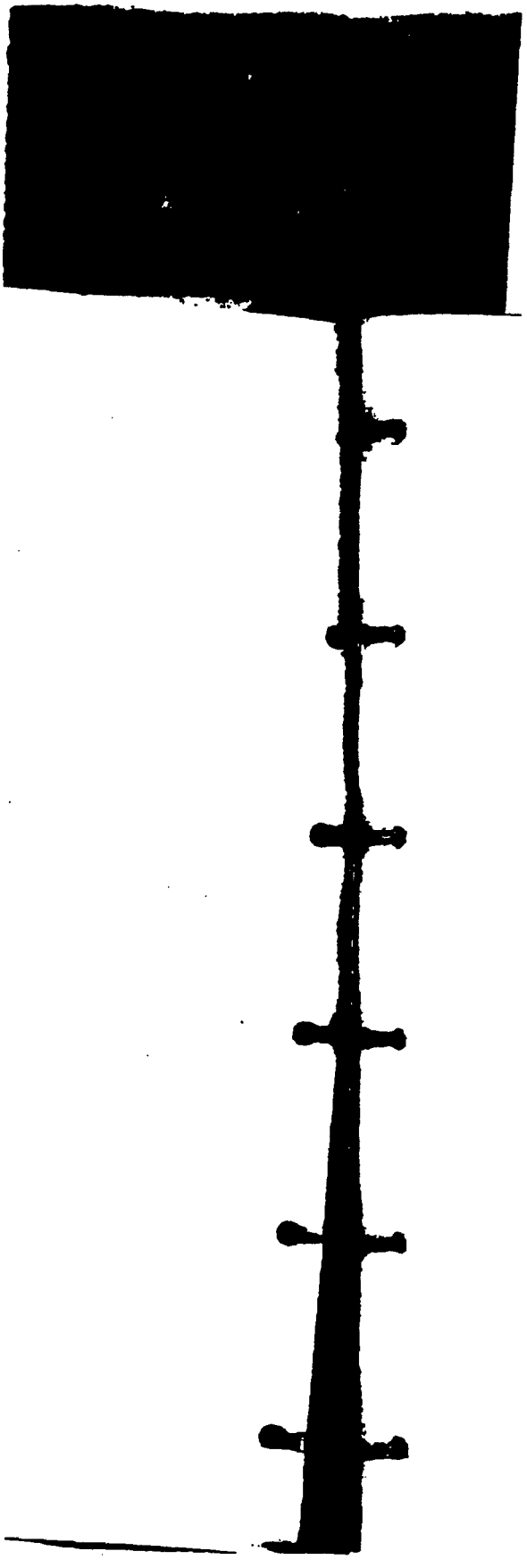

GROUP LIFE INSURANCE RATES

One Year Renewable Term

Minimum Premiums Per $1,000 Of Insurance

PARTICIPATING RATE

AGE	ANNUAL	MONTHLY	AGE	ANNUAL	MONTHLY
15	$5.39	$0.46	48	$12.04	$1.03
16	5.47	.47	49	12.88	1.11
17	5.57	.48	50	13.78	1.18
18	5.65	.48	51	14.78	1.27
19	5.76	.49	52	15.89	1.36
20	5.87	.50	53	17.09	1.47
21	5.97	.51	54	18.43	1.58
22	6.08	.52	55	19.87	1.71
23	6.14	.53	56	21.47	1.84
24	6.21	.53	57	23.20	1.99
25	6.27	.54	58	25.08	2.15
26	6.31	.54	59	27.12	2.33
27	6.35	.55	60	29.39	2.52
28	6.38	.55	61	31.82	2.73
29	6.40	.55	62	34.45	2.96
30	6.43	.55	63	37.33	3.20
31	6.45	.55	64	40.44	3.47
32	6.48	.56	65	43.83	3.76
33	6.56	.56	66	47.47	4.07
34	6.65	.57	67	51.45	4.42
35	6.76	.58	68	55.72	4.78
36	6.92	.59	69	60.35	5.18
37	7.11	.61	70	65.34	5.61
38	7.32	.63	71	70.74	6.07
39	7.56	.65	72	76.56	6.57
40	7.85	.67	73	82.82	7.11
41	8.18	.70	74	89.57	7.69
42	8.56	.74	75	96.82	8.31
43	8.99	.77	76	104.65	8.98
44	9.49	.81	77	113.06	9.70
45	10.02	.86	78	122.01	10.47
46	10.62	.91	79	131.70	11.30
47	11.30	.97	80	142.09	12.20

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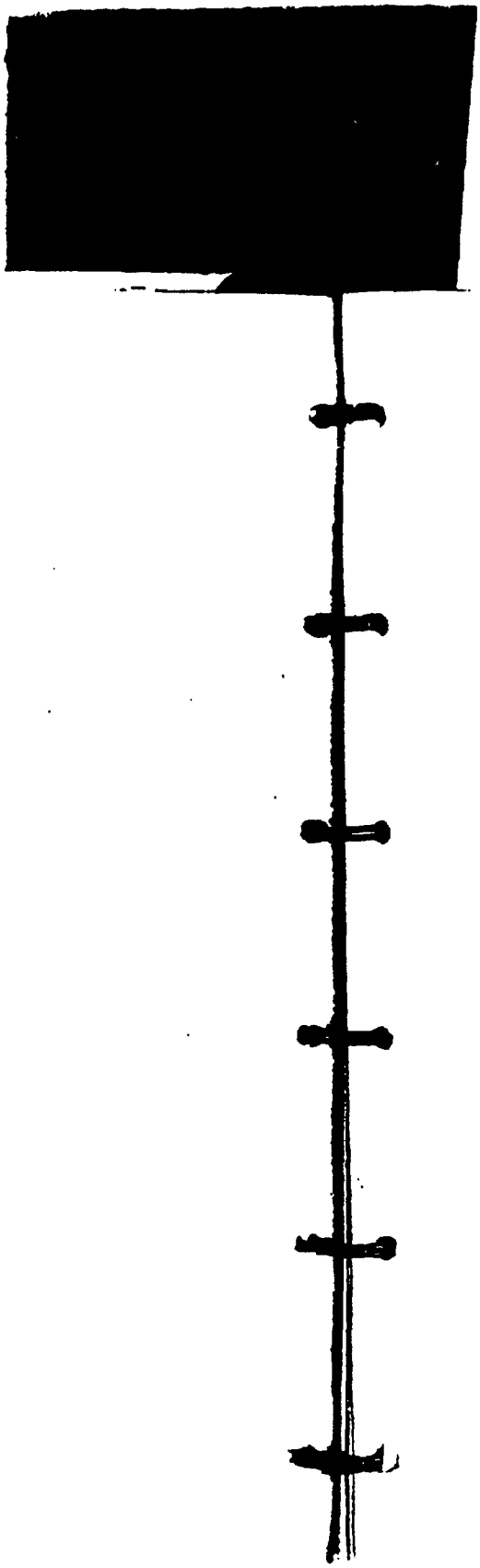


MINIMUM FIRST YEAR EXTRA PREMIUMS FOR GROUP LIFE INSURANCE ISSUED ON THE ONE YEAR RENEWABLE TERM PLAN TO COMPANIES IN HAZARDOUS INDUSTRIES

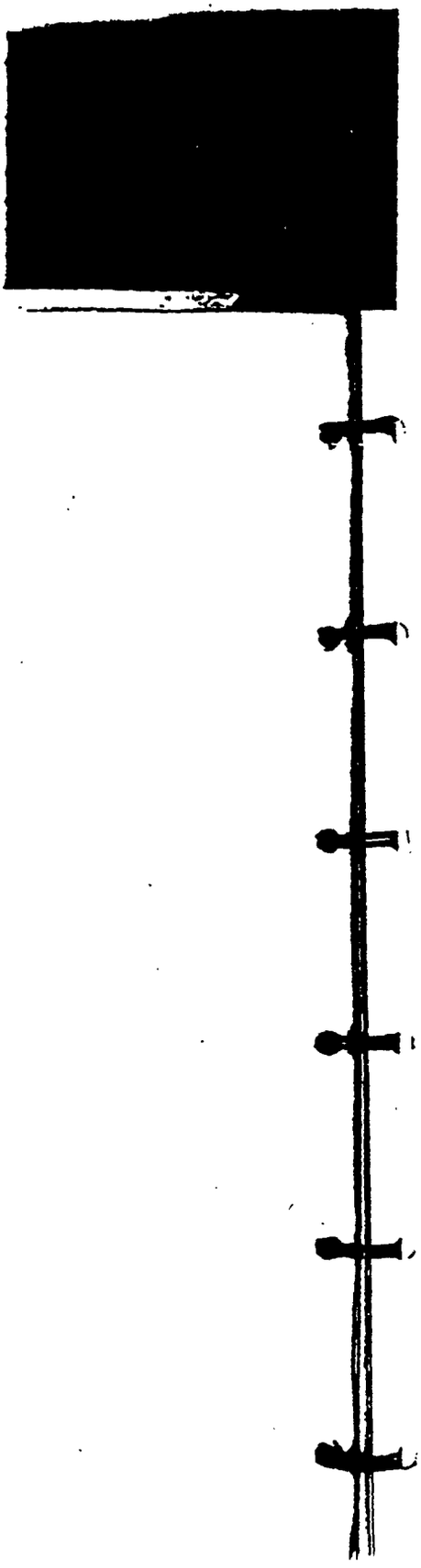
Where one concern is engaged in two or more industries, any or all of which require an extra premium, all the facts, including an occupational analysis, should be referred to the Home Office before a quotation is made.

The fact that some industries are not listed below should not be construed as indicating that no extra premium charge is necessary. If there is any question as to the correct premium to be charged for any certain industry, be sure to communicate with the Home Office before any definite commitment is made.

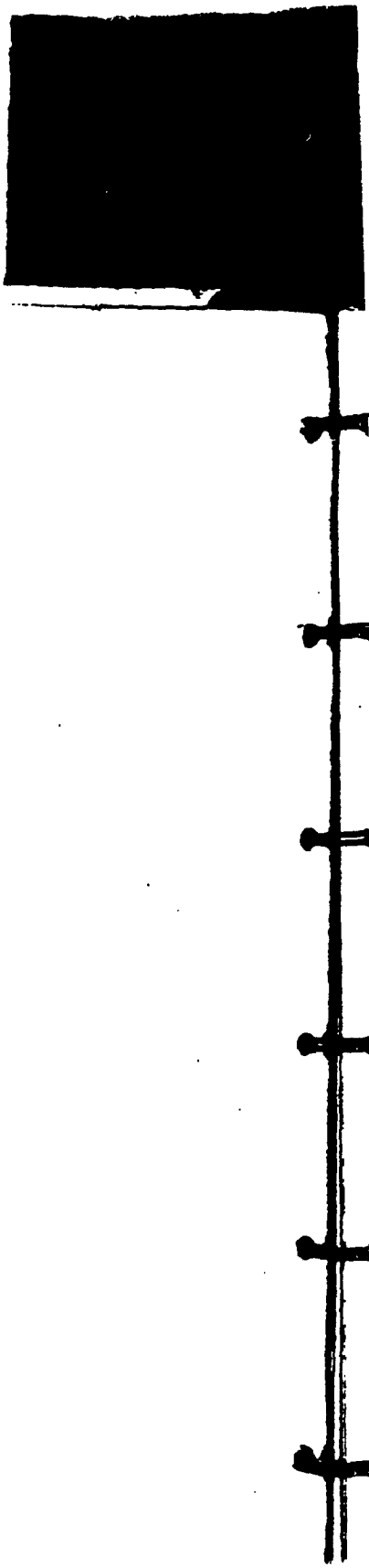
The minimum extra premiums for the industry are applicable if all the employees of the employer are to be eligible. Where only certain occupational classes are to be eligible an occupational distribution of all employees, including those who are not to be eligible, should be submitted to the Home Office for proper rating of the classes to be covered.

The prospect should definitely understand that all quotations are subject to final Home Office approval.

INDUSTRY	MINIMUM FIRST YEAR EXTRA PREMIUM RATE PER $1,000 OF INSURANCE	
	Annual Premium	Monthly Premium
MINING		
Coal - Surface or Underground. .	$ 3.00	$ 0.26
Lead and Zinc - Surface or Underground	Refer to Home Office	
Other Metals - Surface or Underground	3.00	.26
Minerals (Clay, Phosphate, Salt, Shale, Talc, Feldspar, etc.) - Open Pit or Underground (Does not include salt production where no mining operations are involved)	3.00	.26
Quarries, Stone Yards and Mills (Granite, Marble, Stone, Slate, or any substance including Rock)	3.00	.26
SMELTING AND REFINING OF METALS (By other than Electrolytic Process).	1.00	.09
IRON AND STEEL Iron ore Milling and Blast Furnace Operation. . . . . (risks engaged in steel making, even though including blast furnaces, may be written without extra).	1.00	.09



INDUSTRY	MINIMUM FIRST YEAR EXTRA PREMIUM RATE PER $1,000 OF INSURANCE	
	Annual Premium	Monthly Premium
IRON AND STEEL - Continued.		
Steel or Iron Foundries. . . . . (if the basic industry of a risk is other than a foundry but foundry operations are involved, a composite extra premium will be computed by the H.O. upon receipt of a complete occupational distribution of employees.)	$ 1.00	$ 0.09
TRANSPORTATION		
Airplane Transportation, Transport and/or Air Mail Companies, and Flying Schools.	Refer to Home Office	
Electric and Street Railways, other than Subways and Elevated Railroads	1.00	.09
Subways and Elevated Railroads .	3.00	.26
Steam Railroads (Class 1 Railroads).	Refer to Home Office	
Terminal Railroads and Other Railroads not Class 1 Railroads	3.00	.26
Stevedoring, Lightering, Tugs, Barges and Dredges.	2.00	.17
MISCELLANEOUS		
Manufacture of acids (Heavy) and Poisonous and Corrosive Gases (Carbolic, Hydrochloric, Hydrofluoric, Nitric, Prussic, Sulphuric, Sulphurous, etc.). .	2.00	.17
Asbestos Milling and Manufacture of Asbestos Cord and Fabric . .	2.00	.17
Breweries.	Refer to Home Office	
Manufacture of Explosives and Fireworks	Refer to Home Office	
Fertilizer	2.00	.17
Fishing (Deep Sea)	5.00	.43
Fire Departments	3.00	.26
Police Departments	Refer to Home Office	
Refractories (Manufacturing fire brick or fire resistant materials, composed chiefly of silica or silicate minerals). .	Refer to Home Office	
Manufacture of Rockwool.	2.00	.17
Sewer, Road, Dam, and Bridge Construction, and Structural Iron and Steel Buildings. . . .	1.00	.09
Woodsmen and Loggers	Refer to Home Office	



GROUP LIFE INSURANCE

Maximum Amounts

Total Insurance In Group at Issue	Maximum in Schedule	Total Insurance In Group at Issue	Maximum in Schedule
Under $100,000	$2,500	$2,000,000 to $3,000,000	$12,000
$ 100,000 to $ 200,000	4,000	3,000,000 to 4,000,000	13,000
200,000 to 500,000	5,000	4,000,000 to 5,000,000	14,000
500,000 to 700,000	6,000	5,000,000 to 6,000,000	15,000
700,000 to 900,000	7,000	6,000,000 to 7,000,000	16,000
900,000 to 1,100,000	8,000	7,000,000 to 8,000,000	17,000
1,100,000 to 1,300,000	9,000	8,000,000 to 9,000,000	18,000
1,300,000 to 1,500,000	10,000	9,000,000 to 10,000,000	19,000
1,500,000 to 2,000,000	11,000	10,000,000 and over	20,000

NOTE: In many cases it is inadvisable, from the viewpoint of the policyholder as well as the Insurance Company, to go over $10,000 maximum. Therefore, no quotation should be made on a schedule exceeding $10,000 maximum until Home Office approval has been secured.

MAXIMUM EMPLOYEES' CONTRIBUTIONS

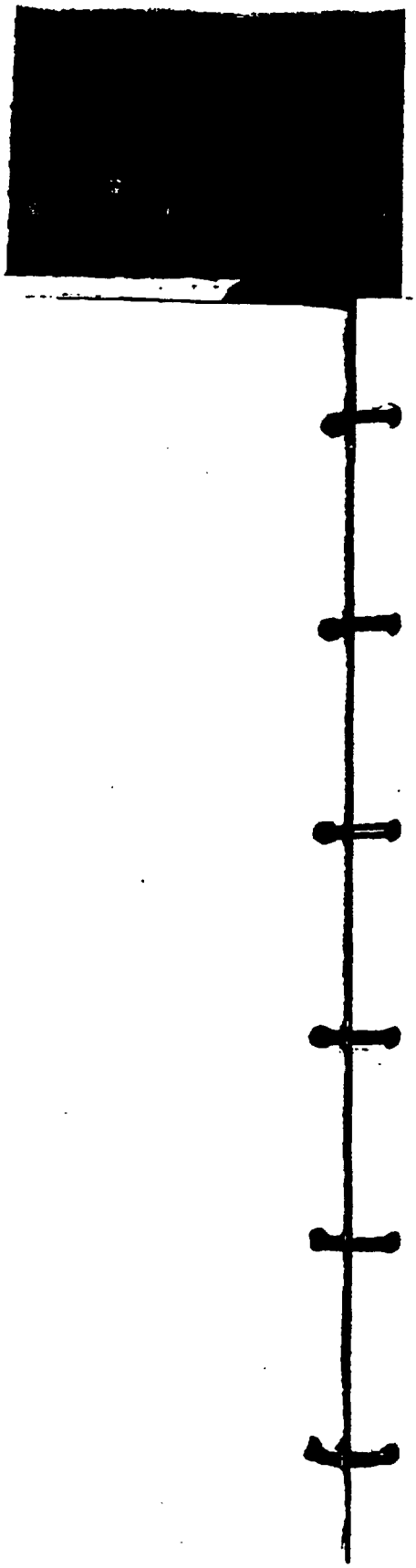
The following are the maximum contributions per $1,000 of insurance which may be made by employees:

Rate	Monthly	Weekly
"T" or Standard.	$0.60	$0.14
"T" Plus $1.00 or Standard plus $1.00.	.70	.16
"T" Plus $2.00 or Standard plus $2.00.	.75	.17
"T" Plus $3.00 or Standard plus $3.00 or more	.80	.18

LOADINGS FOR NON-CAUCASIAN LIVES

Where the percentage of Group Life Insurance on Non-Caucasian lives is less than 21% of the total amount of insurance, there is no extra loading. Where such percentage is 21% or over, the following additional loadings per $1,000 of insurance are necessary:

Percentage	Annual	Monthly
21 but less than 31.	$1.00	$0.09
31 but less than 41.	2.00	.17
41 but less than 51.	3.00	.26
51 but less than 61.	4.00	.34
61 but less than 71.	5.00	.43
71 but less than 81.	6.00	.52
81 but less than 91.	7.00	.60
91 and over.	8.00	.69

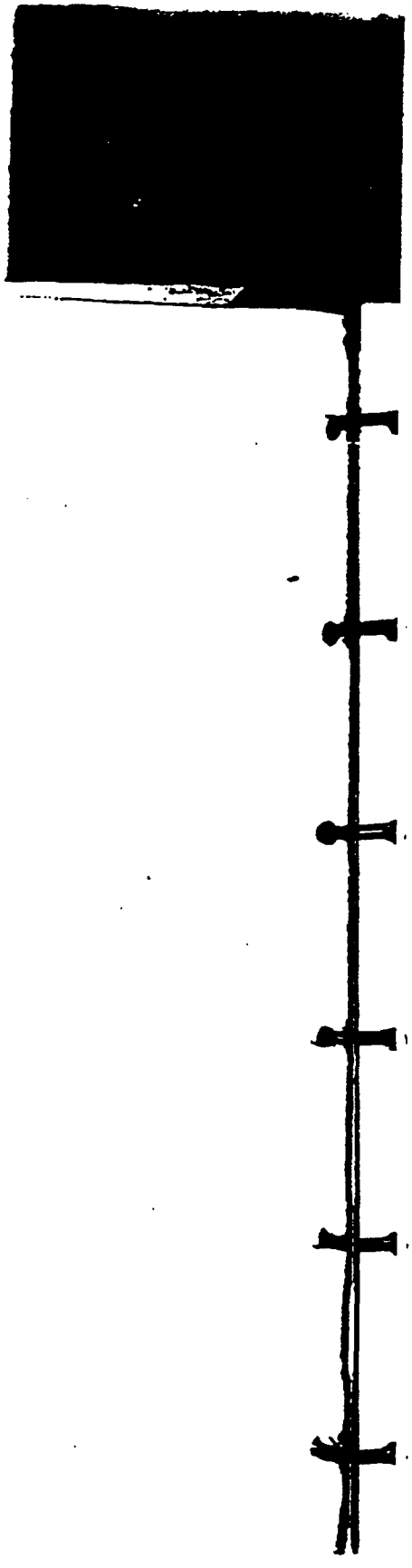


MAXIMUM EMPLOYEE CONTRIBUTIONS UNDER GROUP PLANS
(excluding Group Annuities)

EMPLOYEE EARNINGS		MAXIMUM EMPLOYEE CONTRIBUTIONS			
		Schedule A		Schedule B	
Weekly	Monthly	Weekly	Monthly	Weekly	Monthly
Under $10	Under $43	$ .25	$1.10	$ .25	$1.10
$ 10	$ 43	.30	1.30	.31	1.35
11	47	.34	1.50	.37	1.60
12	52	.38	1.70	.43	1.85
13	56	.43	1.90	.48	2.10
14	60	.48	2.10	.54	2.35
15	65	.53	2.30	.60	2.60
16	69	.56	2.45	.63	2.75
17	73	.60	2.60	.68	2.95
18	78	.63	2.75	.72	3.10
19	82	.66	2.90	.76	3.30
20	86	.70	3.05	.81	3.50
21	91	.74	3.20	.84	3.65
22	95	.77	3.35	.88	3.80
23	99	.81	3.50	.92	4.00
24	104	.84	3.65	.96	4.15
25	108	.87	3.80	.99	4.30
26	112	.92	4.00	1.06	4.60
27	117	.97	4.20	1.13	4.90
28	121	1.02	4.45	1.20	5.20
29	126	1.08	4.65	1.28	5.55
30 and over		4% of minimum earnings in class		4½% of minimum earnings in class	

Where all the employers group coverage is with the Metropolitan, Schedule A is to be used except - (1) Schedule B may be used if the employer is paying at least 25% of the aggregate gross cost of the Group Plan. (2) If under a proposed schedule including hospital or surgical benefits or both, where the employer pays less than 25% of the gross cost, the application of Schedule A throughout would be satisfactory except for relatively few employee (not more than 5% of the total number of employees), consideration will be given by the Home Office to permitting slightly higher contributions for such relatively small number of employees, provided the full facts are submitted to the Home Office with the reasons why such higher contributions are desired. In no case may the contributions for such employees exceed the amounts set forth in Schedule B.

In all cases where there is already group coverage in force with another company or a mutual benefit association is in operation, before a proposal is submitted complete information must be furnished the Home Office as to the earnings of the employees and the existing schedule of benefits and employee contributions. Such cases will be considered individually and, if a quotation is authorized, the Home Office will determine the maximum contribution the employees may make. However, if the employee contributions to all such forms of benefit, including the proposed new coverage, do not exceed Schedule A, no special reference need be made from the standpoint of employee contributions.



GROUP PERMANENT PROTECTION

CURRENT SERVICE PAID-UP INSURANCE RATES

The single premium for $10 of Paid-Up Insurance, when such single premium is paid in twelve equal monthly instalments, is as follows - each monthly instalment being one-twelfth of the amount shown:

Attained Age Nearest Birthday at Beginning of Contract Year	Premium	Attained Age Nearest Birthday at Beginning of Contract Year	Premium
20	$4.69	45	$6.87
21	4.73	46	6.97
22	4.83	47	7.07
23	4.89	48	7.17
24	4.97	49	7.27
25	5.05		
26	5.13	50	7.37
27	5.20	51	7.47
28	5.28	52	7.57
29	5.36	53	7.67
30	5.44	54	7.77
31	5.52	55	7.87
32	5.61	56	7.98
33	5.70	57	8.10
34	5.80	58	8.21
35	5.88	59	8.31
36	5.98		
37	6.09	60	8.42
38	6.19	61	8.53
39	6.29	62	8.63
40	6.39	63	8.74
41	6.48	64	8.84
42	6.58		
43	6.67		
44	6.77		

GROUP PERMANENT PROTECTION

PAST SERVICE PAID-UP INSURANCE RATES

Single premium required to purchase $1,000 of Paid-up Insurance

Attained Age Nearest Birthday	Premium	Attained Age Nearest Birthday	Premium
20	$455.31	55	$764.48
21	462.08	56	775.27
22	468.81	57	785.98
23	475.73	58	796.62
24	482.73	59	807.17
25	489.98		
26	497.35	60	817.80
27	504.89	61	827.85
28	512.52	62	838.10
29	520.49	63	848.13
30	528.80	64	858.02
31	536.81	65	867.73
32	545.44	66	877.28
33	554.17	67	886.59
34	563.19	68	895.73
35	572.22	69	904.66
36	581.34		
37	591.08	70	913.38
38	600.88	71	921.87
39	610.81	72	930.13
40	620.46	73	938.15
41	629.98	74	945.93
42	639.73	75	953.47
43	649.80	76	960.78
44	657.41	77	967.78
45	664.91	78	974.56
46	676.50	79	981.09
47	686.18	80	987.38
48	696.88		
49	708.66		
50	715.45		
51	725.27		
52	736.10		
53	744.88		
54	754.73		

METHOD OF DETERMINING RATES FOR ACCIDENT AND HEALTH, PERSONAL HOSPITAL AND SURGICAL COVERAGES - IN THOSE GROUPS INVOLVING A HIGH PERCENTAGE OF BENEFITS ON NON-CAUCASIAN LIVES.

1. 21% OR MORE BENEFITS ON NON-CAUCASIAN FEMALE LIVES

When the percentage of benefits on non-Caucasian female lives is 21% or more, refer to the Home Office for proper rates with full information as to schedule, industry, employer contribution and breakdown of employees by classes. This requirement applies regardless of the percentage of benefits on other female lives or on non-Caucasian male lives.

2. LESS THAN 21% OF BENEFITS ON NON-CAUCASIAN FEMALE LIVES

When the percentage of benefits on non-Caucasian female lives is less than 21%, female non-Caucasians will be counted only once (As females) in computing rates, and rates may be obtained as outlined.

(a) Less than 21% A&H Benefits and 31% of Hospital or Surgical Benefits on non-Caucasian Male lives.

(1) Rates may be obtained directly from the Rate Book, whether or not maternity Benefits are included.

(b) 21% or More A&H Benefits and 31% or More of Hospital or Surgical Benefits are on Male non-Caucasians.

(1) If Plan includes Maternity Benefits, add the percentage of benefits on non-Caucasian males to the percentage of benefits on all females and obtain the proper bracket by subtracting 10 in the case of A&H insurance and 30 in the case of Hospital or Surgical coverages.

(2) If Plan excludes Maternity Benefits, first determine the rate including Maternity Benefits as outlined in the preceding paragraph. Then deduct from such rate the reduction permitted by the elimination of Maternity Benefits based solely on female lives, as illustrated.

Reference paragraph 2 (b) above, the Home Office may waive all loadings for non-Caucasian males on Disability coverages other than A&H if the group constitutes quality business on a sound underwriting basis and the employer is making a very substantial contribution.

Rates for dependent Disability coverages may be obtained directly from the Rate Book, except that such rates must be obtained from the Home Office if 31% or more non-Caucasian employees are eligible for the dependant insurance.

-: EXAMPLES AND ILLUSTRATIONS :-

Plans used in examples are 8th day - 13 week A&H, Quality Hospital Class A and $150 Plan Surgical Class A. The following distribution of benefits is assumed:

14% White male
20% White female
18% non-Caucasian female
48% non-Caucasian male

#1 Computation of Rates with Maternity

	A&H	Hosp. & Surg.
Total female benefit	30%	30%
Total male non-Caucasian benefit	48%	48%
	80%	80%
Less	10	30
	70%	50%

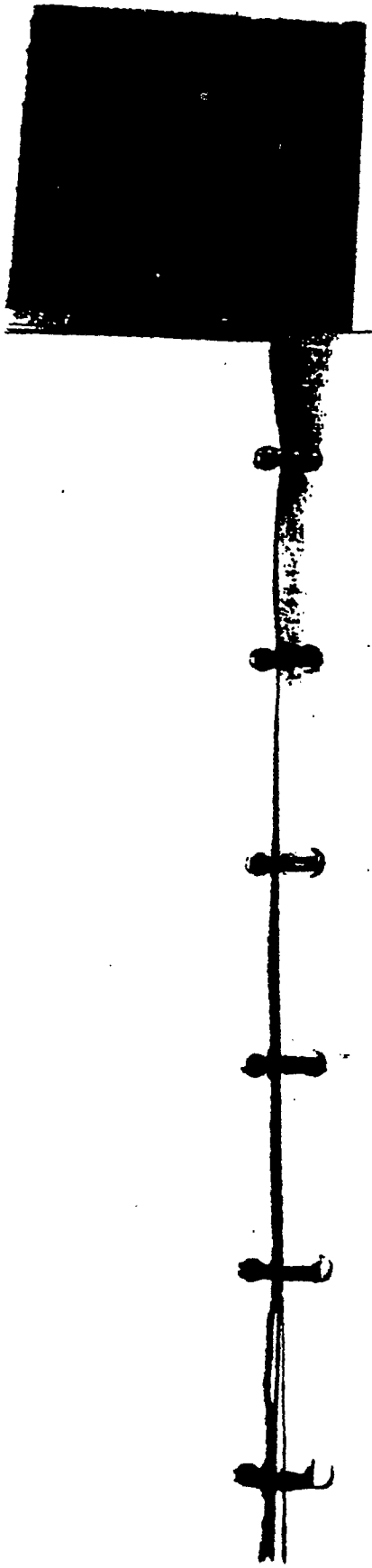
Bracket 71-81% = $1.05 Bracket 51-61% = $.17 Hosp. .62 Surg.

#2 Computation of Rates Excluding Maternity

Total female benefit 30%

	A&H	Hosp.	Surg.
Rate 31-41% with maternity	$ .81	$.148	$ .64
Rate 31-41% excluding maternity	.69	.126	.46
Reduction permitted by elimination of maternity	.12	.022	.08
Rate for entire group with maternity (computation #1)	$1.05	$.170	$ .62
Less reduction permitted by elimination of maternity	.12	.022	.08
Rate for entire group excluding maternity	.93	.148	.54

Industry loadings must be computed on the basis of the final rates obtained in each example above.



NOTES ON
ACCIDENT AND HEALTH,
HOSPITALIZATION
AND
DEATH AND DISMEMBERMENT
INSURANCE

Accident and Health and Hospitalization

Where one concern is engaged in two or more industries, any or all of which require an extra premium, all the facts, including an occupational analysis, should be referred to the Home Office before a quotation is made.

These forms of coverage may not be sold to Labor Unions or Employees' Associations. They should not be offered to employees of Sanitariums, school teachers or where employees receive low wages. Visiting Nursing Associations may not be offered Accident and Health Benefits with a waiting period for sickness benefits of less than fourteen days. No quotation should be made to a company engaged in quarrying, cutting or polishing granite without prior Home Office approval.

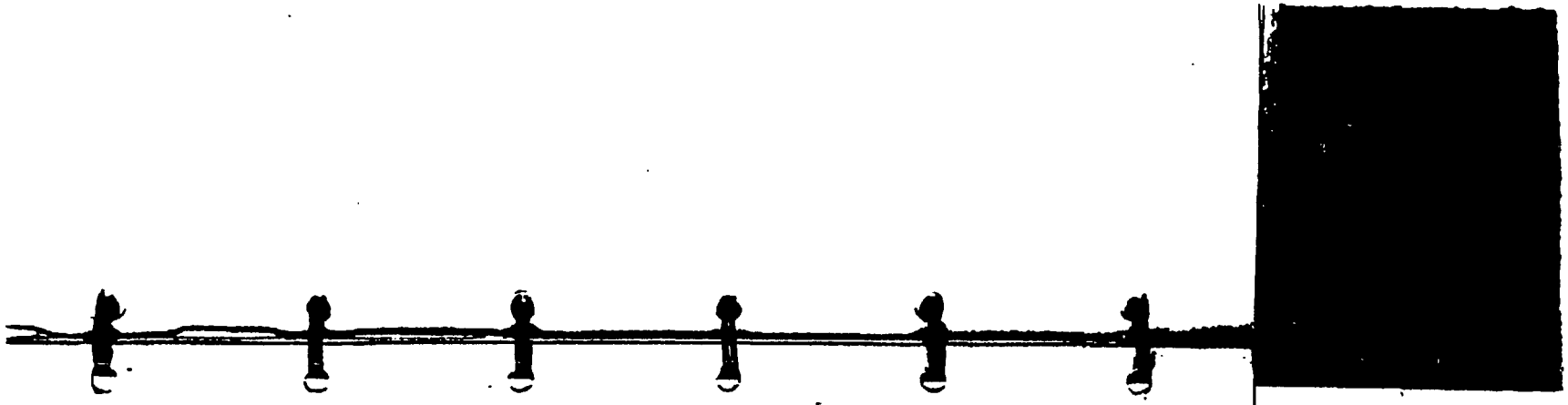
Under no conditions may occupational Accident and Health Insurance be offered to miners or to any employees covered under a workmen's compensation law or Act.

Death and Dismemberment

On Group Accidental Death and Dismemberment Insurance, when there is any doubt as to the correct industrial classification, and hence the proper rate to be charged, the case, with all the facts including an occupational analysis, should be referred to the Home Office before a definite commitment is made.

Group Accidental Death and Dismemberment Insurance may be offered to acceptable industries, but no offer should be made or will be approved by the Home Office covering industries where there is any considerable catastrophe hazard such as mines, explosives, Policeman and Fireman, etc.

The classification of industries and the accompanying rate schedule for Group Accidental Death and Dismemberment Insurance is self explanatory. In cases where more than one industry is involved, each calling for a different rate, the case with complete details should be referred to the Home Office for proper quotation. In all cases, quotations are subject to final Home Office approval.



M + F + MNC + IND

3-17-47

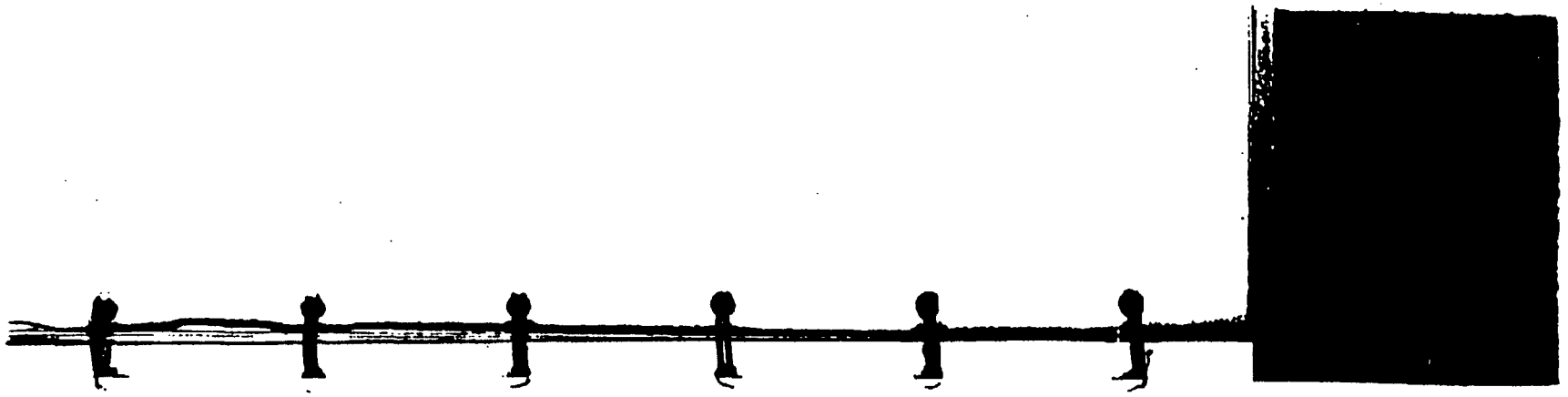
GROUP ACCIDENT AND HEALTH (Including Maternity Benefits) (Page 6)

SCHEDULE OF MINIMUM MONTHLY PREMIUMS FOR $10.00 WEEKLY NON-OCCUPATIONAL BENEFITS

Benefits Begin		Accident - 8th day Sickness - 8th day			Accident - 15th day Sickness - 15th day		Accident - 1st day Sickness - 8th day			Industry Loading - 15% Accident - 8th day Sickness - 8th day		Industry Loading - 40% Accident - 8th day Sickness - 8th day	
All Benefits Extend		13 weeks	26 weeks	52 weeks	26 weeks	52 weeks	13 weeks	26 weeks	52 weeks	13 weeks	26 weeks	13 weeks	26 weeks
Percent Female Benefits (See Note)	Less than 11%	$0.60	$0.80	$0.93	$0.71	$0.83	$0.86	$0.86	$0.98	$0.69	$0.92	$0.84	$1.12
	11% but less than 21%	.69	.92	1.07	.82	.95	.76	.99	1.13	.79	1.06	.97	1.29
	21% but less than 31%	.75	1.00	1.16	.89	1.04	.83	1.08	1.23	.86	1.15	1.05	1.40
	31% but less than 41%	.81	1.08	1.26	.96	1.12	.89	1.16	1.32	.93	1.24	1.13	1.51
	41% but less than 51%	.87	1.16	1.35	1.03	1.20	.96	1.25	1.42	1.00	1.33	1.22	1.62
	51% but less than 61%	.93	1.24	1.44	1.10	1.29	1.02	1.33	1.52	1.07	1.43	1.30	1.74
	61% but less than 71%	.99	1.32	1.53	1.17	1.37	1.09	1.42	1.62	1.14	1.52	1.39	1.85
	71% but less than 81%	1.05	1.40	1.63	1.24	1.45	1.16	1.51	1.72	1.21	1.61	1.47	1.96
	81% but less than 91%	1.11	1.48	1.72	1.31	1.54	1.22	1.59	1.81	1.28	1.70	1.55	2.07
	91% and over	1.17	1.56	1.81	1.38	1.62	1.29	1.68	1.91	1.35	1.79	1.64	2.16

If percentage of benefits on non-Caucasian males is 21% or more, add to percent of female benefits and subtract 10 from total to determine proper bracket. Non-Caucasian females are counted only once, as females.

These rates provide Immediate Maternity Benefits for female employees becoming insured on or within 31 days after the issue date. Immediate Maternity Benefits are not available for employees becoming insured after that period.



GROUP ACCIDENT AND HEALTH (Including Maternity Benefits)

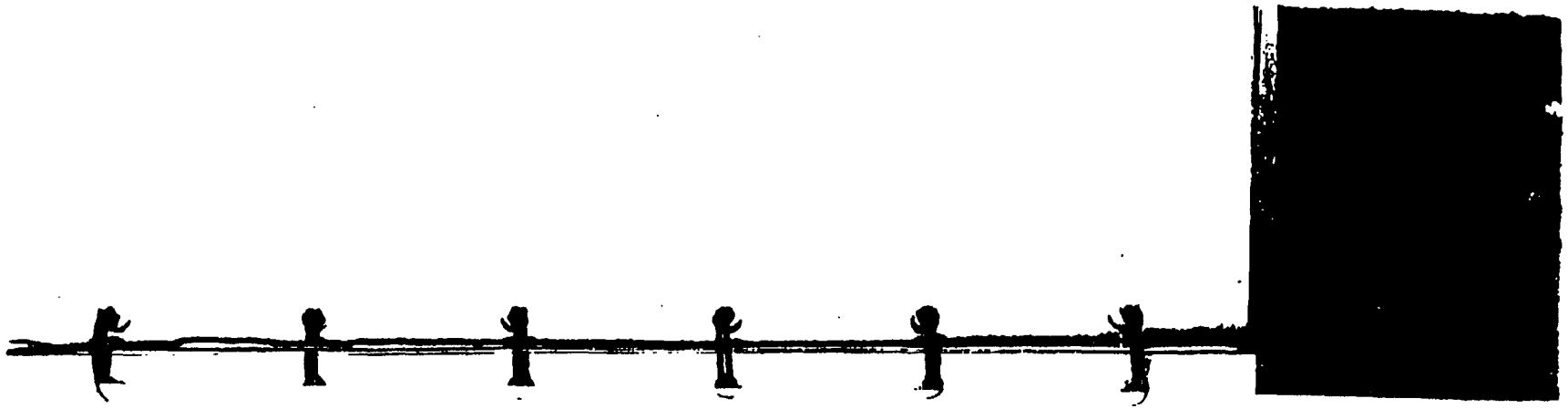
SCHEDULE OF MINIMUM MONTHLY PREMIUMS FOR $10.00 WEEKLY NON-OCCUPATIONAL BENEFITS

Schedule A
Applicable to Groups which are (a) Self-administered and (b) where all eligible employees must become insured.

Benefits Begin		Accident 8th day Sickness 8th day			Accident 15th day Sickness 15th day		Accident 1st day Sickness 8th day			Accident 4th day Sickness 4th day			Accident 1st day Sickness 4th day		
All Benefits Extend		13 weeks	26 weeks	52 weeks	26 weeks	52 weeks	13 weeks	26 weeks	52 weeks	13 weeks	26 weeks	52 weeks	13 weeks	26 weeks	52 weeks
Percent Female Benefits (See Note)	Less than 11%	$ .57	$ .68	$ .88	$ .61	$ .79	$ .63	$ .73	$ .93	$ .73	$ .83	$1.05	$ .76	$ .86	$1.08
	11% but less than 21%	.66	.78	1.01	.70	.91	.72	.84	1.07	.84	.95	1.21	.87	.99	1.24
	21% but less than 31%	.71	.85	1.10	.76	.99	.79	.91	1.16	.91	1.04	1.31	.95	1.08	1.35
	31% but less than 41%	.77	.92	1.19	.82	1.07	.85	.99	1.26	.99	1.12	1.42	1.03	1.16	1.46
	41% but less than 51%	.83	.99	1.28	.88	1.15	.91	1.06	1.35	1.06	1.20	1.52	1.10	1.25	1.57
	51% but less than 61%	.88	1.05	1.36	.95	1.22	.98	1.13	1.44	1.13	1.29	1.63	1.18	1.33	1.67
	61% but less than 71%	.94	1.12	1.45	1.01	1.30	1.04	1.20	1.53	1.20	1.37	1.73	1.25	1.42	1.78
	71% but less than 81%	1.00	1.19	1.54	1.07	1.38	1.10	1.28	1.63	1.28	1.45	1.84	1.33	1.51	1.89
	81% but less than 91%	1.05	1.26	1.63	1.13	1.46	1.17	1.35	1.72	1.35	1.54	1.94	1.41	1.59	2.00
	91% and over	1.11	1.33	1.72	1.19	1.54	1.23	1.42	1.81	1.42	1.62	2.05	1.48	1.68	2.11

If percentage of benefits on non-Caucasian males is 21% or more, add to percent of female benefits and subtract 10 from total to determine proper bracket. Non-Caucasian females are counted only once, as females.

These rates provide Immediate Maternity Benefits for female employees becoming insured on or within 31 days after the issue date. Immediate Maternity Benefits are not available for employees becoming insured after that period.



SCHEDULE OF MINIMUM MONTHLY PREMIUMS FOR $10.00 WEEKLY NON-OCCUPATIONAL BENEFITS

Schedule B

Applicable to groups which have 50 lives or more insured at issue and do not meet both requirements (a) and (b) of Schedule A (Page 6)

Benefits Begin		Accident 8th day Sickness 8th day			Accident 15th day Sickness 15th day		Accident 1st day Sickness 8th day			Accident 4th day Sickness 4th day			Accident 1st day Sickness 4th day		
All Benefits Extend		13 weeks	26 weeks	52 weeks	26 weeks	52 weeks	13 weeks	26 weeks	52 weeks	13 weeks	26 weeks	52 weeks	13 weeks	26 weeks	52 weeks
Percent Female Benefits (See Note)	Less than 11%	$ .60	$ .72	$ .93	$ .64	$ .83	$ .66	$ .77	$ .98	$ .77	$ .87	$1.11	$ .80	$ .91	$1.14
	11% but less than 21%	.69	.83	1.07	.74	.95	.76	.89	1.13	.89	1.00	1.28	.92	1.05	1.31
	21% but less than 31%	.75	.90	1.16	.80	1.04	.83	.96	1.23	.96	1.09	1.39	1.00	1.14	1.43
	31% but less than 41%	.81	.97	1.26	.86	1.12	.89	1.04	1.32	1.04	1.17	1.50	1.08	1.23	1.54
	41% but less than 51%	.87	1.04	1.35	.93	1.20	.96	1.12	1.42	1.12	1.28	1.61	1.16	1.32	1.65
	51% but less than 61%	.93	1.12	1.44	.99	1.29	1.02	1.19	1.52	1.19	1.35	1.72	1.24	1.41	1.77
	61% but less than 71%	.99	1.19	1.53	1.06	1.37	1.09	1.27	1.62	1.27	1.44	1.83	1.32	1.50	1.88
	71% but less than 81%	1.05	1.26	1.63	1.12	1.45	1.16	1.35	1.72	1.35	1.52	1.94	1.40	1.59	2.00
	81% but less than 91%	1.11	1.33	1.72	1.18	1.54	1.22	1.42	1.81	1.42	1.61	2.05	1.48	1.68	2.11
	91% and over	1.17	1.40	1.81	1.25	1.62	1.29	1.50	1.91	1.50	1.70	2.16	1.56	1.77	2.22

If percentage of benefits on non-Caucasian males is 21% or more, add to percent of female benefits and subtract 10 from total to determine proper bracket. Non-Caucasian females are counted only once, as females.

These rates provide Immediate Maternity Benefits for female employees becoming insured on or within 31 days after the issue date. Immediate Maternity Benefits are not available for employees becoming insured after that period.

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M + F + MNC + IND

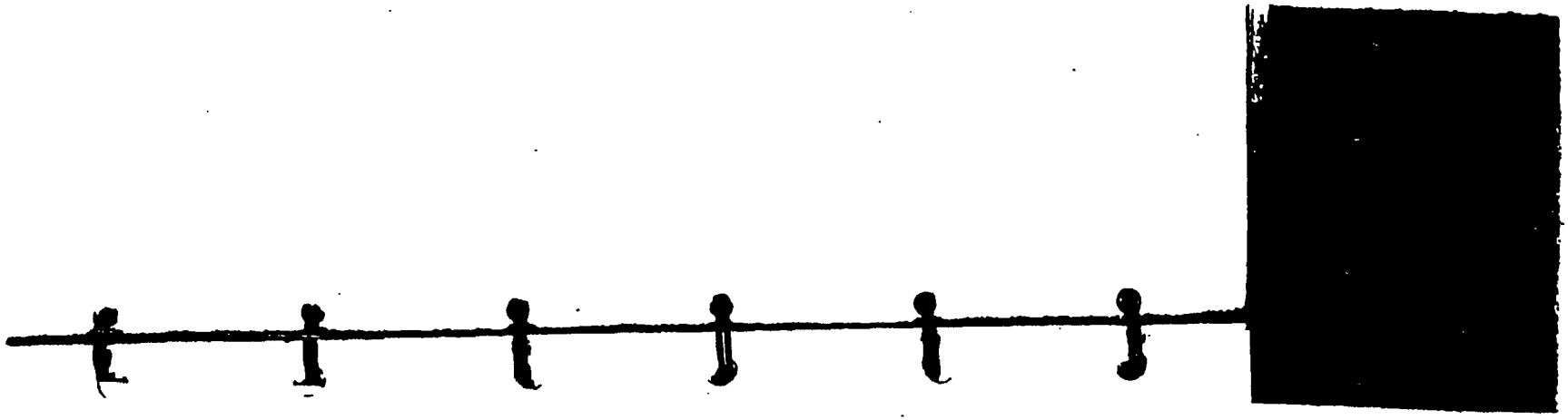
SCHEDULE OF MINIMUM MONTHLY PREMIUMS FOR $10.00 WEEKLY NON-OCCUPATIONAL BENEFITS

Benefits Begin		Accident - 8th day Sickness - 8th day			Accident - 15th day Sickness - 15th day		Accident - 1st day Sickness - 8th day			Industry Loading - 15% Accident - 8th day Sickness - 8th day		Industry Loading - 40% Accident - 8th day Sickness - 8th day	
All Benefits Extend		13 weeks	26 weeks	52 weeks	26 weeks	52 weeks	13 weeks	26 weeks	52 weeks	13 weeks	26 weeks	13 weeks	26 weeks
Percent Female Benefits (See Note)	Less than 11%	$0.60	$0.80	$0.93	$0.71	$0.83	$0.66	$0.86	$0.98	$0.69	$0.92	$0.84	$1.12
	11% but less than 21%	.63	.86	1.01	.76	.89	.70	.93	1.07	.72	.99	.88	1.20
	21% but less than 31%	.66	.91	1.07	.80	.95	.74	.99	1.14	.76	1.05	.92	1.27
	31% but less than 41%	.69	.96	1.14	.84	1.00	.77	1.04	1.20	.79	1.10	.97	1.34
	41% but less than 51%	.72	1.01	1.20	.88	1.05	.81	1.10	1.27	.83	1.16	1.01	1.41
	51% but less than 61%	.78	1.09	1.29	.95	1.14	.87	1.18	1.37	.90	1.25	1.09	1.53
	61% but less than 71%	.84	1.17	1.38	1.02	1.22	.94	1.27	1.47	.97	1.35	1.18	1.64
	71% but less than 81%	.90	1.25	1.48	1.09	1.30	1.01	1.36	1.57	1.04	1.44	1.26	1.75
	81% but less than 91%	.96	1.33	1.57	1.16	1.39	1.07	1.44	1.66	1.10	1.53	1.34	1.86
	91% and over	1.02	1.41	1.66	1.23	1.47	1.14	1.53	1.76	1.17	1.62	1.43	1.97

If 21% or more of benefits are on male non-Caucasians, refer to Home Office for proper rates. Non-Caucasian females are counted only once,, as females.

These rates are for Plans excluding all Maternity Benefits.

[redacted]CCIDENT AND HEALTH INSURANCE (Excluding Maternity Benefits)



5-1-49

Schedule of Minimum Monthly Premiums Per $10 Non-Occupational Weekly Benefit

No Industry Loading

Schedule A

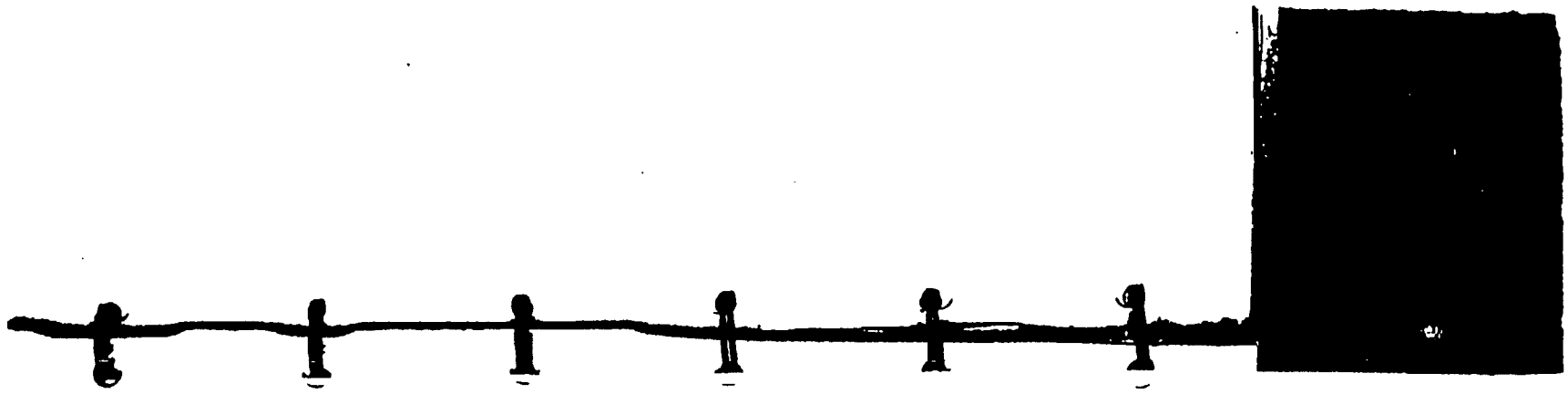
Applicable to groups which both (a) are on the Simplified Accounting System and (b) require that all eligible employees must become insured.

GROUP SICKNESS AND ACCIDENT (EXCLUDING MATERNITY BENEFITS)

Day Benefits Begin		Maximum Duration (Weeks)	% of Benefits on Females									
Accident	Sickness		Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over
8th	8th	13	$ .57	$ .60	$ .63	$ .66	$ .68	$ .71	$ .74	$ .77	$ .80	$ .83
		26	.68	.72	.77	.81	.84	.88	.92	.96	1.01	1.05
		52	.88	.95	1.02	1.08	1.13	1.19	1.25	1.31	1.38	1.44
1st	8th	13	.63	.66	.71	.74	.76	.81	.84	.87	.92	.95
		26	.73	.78	.83	.88	.91	.96	1.00	1.05	1.10	1.14
		52	.93	1.01	1.08	1.15	1.20	1.27	1.33	1.40	1.47	1.53
4th	4th	13	.73	.78	.83	.88	.91	.96	1.00	1.05	1.10	1.14
		26	.83	.89	.96	1.01	1.05	1.12	1.17	1.22	1.29	1.34
		52	1.05	1.15	1.23	1.31	1.37	1.46	1.53	1.61	1.69	1.77
1st	4th	13	.76	.81	.87	.92	.95	1.01	1.05	1.10	1.16	1.20
		26	.86	.93	1.00	1.05	1.10	1.16	1.22	1.28	1.34	1.40
		52	1.08	1.18	1.27	1.35	1.42	1.50	1.58	1.66	1.75	1.83
15th	15th	26	.61	.64	.68	.71	.73	.78	.81	.84	.88	.91
		52	.79	.85	.91	.96	1.00	1.05	1.10	1.15	1.21	1.26

These rates are for Plans excluding maternity benefits.

(Page 7A)



5-1-49

GROUP SICKNESS AND ACCIDENT (EXCLUDING MATERNITY BENEFITS)

Schedule of Minimum Monthly Premiums Per $10 Non-Occupational Weekly Benefit

No Industry Loading

Schedule B

Applicable to groups which have 50 lives or more insured at issue and do not meet both of the following requirements: (a) group is on the Simplified Accounting System and (b) all eligible employees must become insured.

Day Benefits Begin		Maximum Duration	% of Benefits on Females									
Accident	Sickness	(Weeks)	Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over
8th	8th	13	$ .60	$ .63	$ .68	$ .69	$ .72	$ .75	$ .78	$ .81	$ .84	$ .87
		26	.72	.77	.81	.85	.89	.94	.98	1.02	1.06	1.10
		52	.93	1.01	1.07	1.14	1.20	1.26	1.32	1.39	1.45	1.51
1st	8th	13	.68	.70	.74	.77	.81	.84	.88	.92	.95	.99
		26	.77	.83	.87	.92	.97	1.01	1.06	1.11	1.15	1.20
		52	.98	1.07	1.14	1.20	1.27	1.34	1.41	1.48	1.54	1.61
4th	4th	13	.77	.83	.87	.92	.97	1.01	1.06	1.11	1.15	1.20
		26	.87	.84	1.00	1.05	1.11	1.17	1.23	1.28	1.34	1.40
		52	1.11	1.22	1.30	1.38	1.46	1.54	1.62	1.70	1.78	1.86
1st	4th	13	.80	.86	.91	.96	1.01	1.06	1.11	1.16	1.21	1.26
		26	.91	.99	1.05	1.11	1.17	1.23	1.29	1.35	1.41	1.47
		52	1.14	1.25	1.34	1.42	1.50	1.59	1.67	1.76	1.84	1.92
15th	15th	26	.64	.68	.71	.74	.78	.81	.85	.88	.91	.85
		52	.83	.89	.95	1.00	1.05	1.11	1.18	1.21	1.27	1.32

These rates are for Plans excluding maternity benefits

ADDITIONAL LOADINGS DUE TO INDUSTRY NON-OCCUPATIONAL GROUP ACCIDENT AND HEALTH INSURANCE AND GROUP HOSPITAL EXPENSE INSURANCE

The minimum extra premiums for the industry are applicable if all the employees of the employer are to be eligible. Where only certain occupational classes are to be eligible an occupational distribution of all employees, including those who are not to be eligible, should be submitted to the H.O. for proper rating of the classes to be covered.

If a risk involves two or more industries, on one or more of which an extra is required, a composite rate will be computed by the Home Office upon receipt of full facts including a complete occupational analysis.

Any rate quoted on the basis of an occupational classification will be subject to change if the enrollment cards secured show any material change in the occupational distribution of the employees.

The percentages mentioned herein are to be applied after adding the extra, if any is required, for female and/or non-Caucasian benefits and not to the base rate for the plan sold.

Breweries, wine manufacturers, wholesale liquor dealers and wine merchants, and distilleries of ethyl or methyl alcohol or of alcoholic beverages	15%
Felt hat factories	Home Office
Furriers	15%
Hot Metal industries, smelting and refining	15%
Lime, cement and gypsum (No Quarrying)	15%
Marble and stone yards (Granite—refer to Home Office). If cutting and polishing operations are an important part of the work, refer to Home Office.	15%
Mines—Lead and Zinc in Joplin District	Home Office
Mines—All others	40%
Quarries—Granite	Home Office
Quarries—All Others	40%
Railroads	Home Office
Railways, Electric and Street	Home Office
Refractories	Home Office
Shipbuilding	25%
Tanneries	15%
Textiles. Any and all operations from the receipt of the raw material to and including spinning, weaving, knitting, braiding, bleaching, dyeing, and finishing of any product from cotton, wool, rayon, hemp, jute, silk and flax.	Home Office
Woodsmen and loggers	25%

If a foundry is combined with other operations of a company whose primary business is not a hot metal industry, that company shall for rating purposes be considered as engaged in two or more industries. Foundry employees are those engaged in the occupations commonly designated as:

Core Makers, Melters, Molders, Cupola Tenders and their Helpers, Foundry men, and Foundry Foremen;

Foundry Helpers and Laborers, including among others Coal and Coke Heavers, Ladlers, Pig Breakers and Sand Shovelers;

Casting Cleaners, including among others, Grinders, Sand Blasters, Chippers, Rattlers and Snaggers.

The above named occupations are familiar to persons engaged in foundry work, and no difficulty should arise in obtaining such a classification.

CANADA

GROUP ACCIDENT AND HEALTH INSURANCE
SCHEDULE OF MINIMUM MONTHLY PREMIUMS FOR $10.00 WEEKLY
NON-OCCUPATIONAL ACCIDENT AND HEALTH BENEFITS

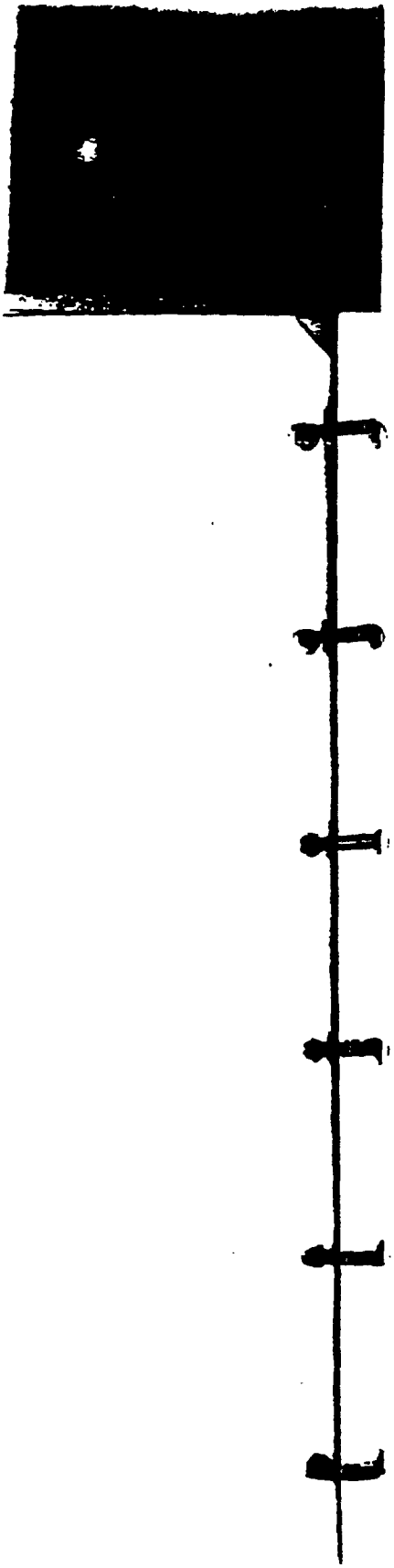
	Benefits Begin	Accidents - 8th day Sickness - 8th day			Accidents - 15th day Sickness - 15th day		Accidents - 1st day Sickness - 8th day			Industry Loading - 15% Accidents - 8th day Sickness - 8th day		Industry Loading - 40% Accidents - 8th day Sickness - 8th day	
	All Benefits Extend	13 weeks	26 weeks	52 weeks	26 weeks	52 weeks	13 weeks	26 weeks	52 weeks	13 weeks	26 weeks	13 weeks	26 weeks
PERCENT FEMALE AND NON-CAUCASIAN BENEFITS	Less than 11%	$ .75	$1.00	$1.16	$ .89	$1.04	$ .83	$1.08	$1.23	$ .86	$1.15	$1.05	$1.40
	11% but less than 21%	.86	1.15	1.33	1.02	1.20	.95	1.24	1.41	.99	1.32	1.20	1.61
	21% but less than 31%	.94	1.25	1.45	1.11	1.30	1.04	1.35	1.54	1.08	1.44	1.32	1.75
	31% but less than 41%	1.01	1.35	1.57	1.20	1.40	1.12	1.46	1.66	1.16	1.55	1.41	1.89
	41% but less than 51%	1.09	1.45	1.68	1.29	1.51	1.20	1.57	1.78	1.25	1.67	1.53	2.03
	51% but less than 61%	1.16	1.55	1.80	1.38	1.61	1.29	1.67	1.91	1.33	1.78	1.62	2.17
	61% but less than 71%	1.24	1.65	1.91	1.47	1.72	1.37	1.78	2.03	1.43	1.90	1.74	2.31
	71% but less than 81%	1.31	1.75	2.03	1.56	1.82	1.45	1.89	2.15	1.51	2.01	1.83	2.45
	81% but less than 91%	1.39	1.85	2.15	1.65	1.92	1.54	2.00	2.28	1.60	2.13	1.95	2.59
	91% but less than 101%	1.46	1.95	2.26	1.74	2.03	1.62	2.11	2.40	1.68	2.24	2.04	2.73

Non-Caucasian Females Should Be Counted Twice.

CANADA

CANADA

CANADA



CLASSIFICATION OF INDUSTRIES

Group Insurance for Death or Dismemberment by Accidental Means

Group Occupational Accident and Health Weekly Indemnity Benefits

If the minimum premium specified in this schedule is greater than 10¢, see note at end of schedule.

INDUSTRY	MINIMUM A.D.& D. MONTHLY PREMIUM PER $1,000 OF INSURANCE	EXTRA % FOR OCCUPATIONAL A.& H. COVERAGE (SEE RATES ON PAGE 14)
AGRICULTURE		
Cotton compressing (no ginning)	15 cents	20%
Cotton ginning or cotton ginning and compressing	N.O.	N.O.
Farming, general; all other agriculture; stock ranging and ranching	20 cents	40%
Florists, market gardening and nurseries (no tree surgery)	10 cents	20%
Fruit growing; care of trees	20 cents	40%
CHEMICAL INDUSTRIES		
Acids, paints, varnish and other chemical industries	15 cents	20%
Drugs and medicines	10 cents	6%
Explosives	N.O.	N.O.
Fertilizer manufacturing (no quarrying or mining; no explosive chemicals)	15 cents	20%
Soap, tallow, candles, glue	10 cents	6%
CLAY, GLASS AND STONE (no quarrying or mining)		
Brick and tile manufacture, terra cotta	15 cents	20%
Cement or lime manufacture	15 cents	20%
Cement products	15 cents	40%
Glass (other than polished plate glass)	10 cents	20%
Grinding of minerals and manufacture of abrasives	15 cents	20%
Polished plate glass	15 cents	20%
Pottery and earthenware	10 cents	6%
Stone cutting and polishing	20 cents	40%
CLERICAL AND PROFESSIONAL		
Actors, actresses, orchestras, opera companies	15 cents	20%
Banks, insurance companies and other office forces	10 cents	6%
Colleges (faculty alone)	10 cents	6%
Colleges (faculty and non-faculty employees)	15 cents	20%
Colleges (non-faculty employees)	15 cents	40%
Medical, nurses, sanitaria, hospitals, etc.	10 cents	6%
Motion picture production	15 cents	20%
Radio stations	10 cents	6%
Theatres (including movies)	10 cents	6%

CLASSIFICATION OF INDUSTRIES - Continued

Group Insurance for Death or Dismemberment by Accidental Means

Group Occupational Accident and Health Weekly Indemnity Benefits

If the minimum premium specified in this schedule is greater than 10¢, see note at end of schedule.

INDUSTRY	MINIMUM A.D.& D. MONTHLY PREMIUM PER $1,000 OF INSURANCE	EXTRA % FOR OCCUPATIONAL A.& H. COVERAGE (SEE RATES ON PAGE 14)
CONSTRUCTION		
Buildings - wood, brick, stone and concrete	20 cents	70%
Buildings and bridges, iron and steel	N.O.	N.O.
Plumbing	15 cents	20%
Road construction and concrete bridges	25 cents	70%
Sewers, ditches and caissons	N.O.	N.O.
Shipbuilding	20 cents	40%
FOOD, DRINK AND TOBACCO		
Beverages, manufacture or bottling of (except breweries)	10 cents	20%
Breweries	15 cents	40%
Canneries (Meat, fruits and vegetables)	10 cents	6%
Cereals, prepared foods, bakeries and confectionery	10 cents	6%
Cigars and tobacco	10 cents	6%
Dairy products	10 cents	20%
Fish canneries (excluding water transportation activities)	10 cents	6%
Grain mills and elevators	15 cents	20%
Macaroni manufacture	15 cents	20%
Slaughter and packing houses and stock yards (less than ¼ of the employees in slaughter houses and stock yards)	15 cents	20%
(More than ¼ of the employees in slaughter houses and stock yards)	20 cents	40%
Sugar factories and refineries	15 cents	20%
LEATHER		
Leather goods, manufacture of	10 cents	6%
Tanneries	15 cents	20%
LUMBER, FURNITURE AND WOODWORKING		
Brooms, brushes, rattan and willow ware	10 cents	20%
Furniture and other wood products (except light-weight products)	15 cents	20%
Furniture and other wood products-light-weight products	10 cents	20%
Logging and lumbering	N.O.	N.O.
Lumber yards	20 cents	40%
Planing and veneering mills	25 cents	40%
Saw mills	35 cents	70%

[redacted]

CLASSIFICATION OF INDUSTRIES - Continued

Group Insurance for Death or Dismemberment by Accidental Means

Group Occupational Accident and Health Weekly Indemnity Benefits

If the minimum premium specified in this schedule is greater than 10¢, see note at end of schedule.

INDUSTRY	MINIMUM A.D.& D. MONTHLY PREMIUM PER $1,000 OF INSURANCE	EXTRA % FOR OCCUPATIONAL A.& H. COVERAGE (SEE RATES ON PAGE 14)
METAL INDUSTRIES		
Agricultural implements, wagons, tractors, engines, small boats.	15 cents	20%
Airplanes.	10 cents	20%
Automobiles.	10 cents	6%
Batteries.	10 cents	20%
Boiler making (excluding small household boilers).	20 cents	40%
Buffing, electroplating.	10 cents	6%
Car and Railroad Shops	15 cents	40%
Forging, drop or machine	20 cents	40%
Heavy machinery and other heavy metal products (cranes, lathes, safes, stoves, etc.)	15 cents	20%
Household appliances, including washing machines and refrigerators.	10 cents	20%
Jewelry and silverware	10 cents	6%
Light machinery and instruments of precision	10 cents	20%
Light tools, hardware and other light metal products.	10 cents	20%
Ore milling; blast furnaces, steel making.	20 cents	40%
Rolling mills; foundries	20 cents	40%
Sheet metal products (stamping and pressing)	10 cents	20%
Smelting and refining (electrolitic process).	15 cents	40%
Smelting and refining (other than electrolitic process)	20 cents	40%
Structural steel fabricating (no erecting)	20 cents	40%
Tube, rod and pipe mills; wire drawing and wire products	15 cents	40%
MINING	H.O.	H.O.
OIL AND GAS WELLS		
Operation of oil and gas wells (less than 10% of employees drilling) including oil refining and distribution.	15 cents	20%
Operation of oil and gas wells (10% or more employees drilling).	H.O.	H.O.
PAPER INDUSTRY		
Paper and paper products	10 cents	20%
Pulp, or pulp and paper mills.	15 cents	40%

CLASSIFICATION OF INDUSTRIES - Continued

Group Insurance for Death or Dismemberment by Accidental Means

Group Occupational Accident and Health Weekly Indemnity Benefits

If the minimum premium specified in this schedule is greater than 10¢, see note at end of schedule.

INDUSTRY	MINIMUM A.D.&D. MONTHLY PREMIUM PER $1,000 OF INSURANCE	EXTRA % FOR OCCUPATIONAL A.&H. COVERAGE (SEE RATES ON PAGE 14)
PRINTING, BOOKBINDING AND PUBLISHING	10 cents	6%
PUBLIC UTILITIES (See Transportation and Public Service)		
QUARRYING	30 cents	H.O.
TEXTILES, CLOTHING AND CLOTH GOODS	10 cents	6%
TRADE AND SERVICE		
Dealers in second-hand metals	H.O.	H.O.
Exterminators	20 cents	40%
Hotels and restaurants	10 cents	6%
Laundries	10 cents	20%
Operation of buildings	15 cents	20%
Outside salesmen	10 cents	6%
Retail Stores	10 cents	6%
Warehouse and cold storage plants	15 cents	20%
Wholesale liquor dealers and wine merchants	15 cents	20%
Wholesale, or wholesale and retail stores	10 cents	6%
TRANSPORTATION AND PUBLIC SERVICE		
Auto sales and service	10 cents	6%
Buses	15 cents	20%
City employees - street cleaning, garbage and sewer departments	20 cents	40%
Coal and Ice delivery	20 cents	70%
Electric light and power	15 cents	20%
Gas works	15 cents	20%
Livery stables, and trucking companies	20 cents	40%
Police and firemen	H.O.	H.O.
Steam Railroads (entire Class I road, only)	20 cents	40%
Stevedoring	35 cents	H.O.
Street Railways	15 cents	20%
Subways and elevateds	20 cents	40%
Taxicabs	15 cents	20%
Telephone and telegraph	10 cents	20%
Water transportation (Excluding Stevedores)		
- Ocean and Great Lakes	30 cents	40%
- Inland Waters - except Great Lakes	20 cents	40%
Water works	15 cents	20%

CLASSIFICATION OF INDUSTRIES - Continued

Group Insurance for Death or Dismemberment by Accidental Means

Group Occupational Accident and Health Weekly Indemnity Benefits

If the minimum premium specified in this schedule is greater than 10¢, see note at end of schedule.

INDUSTRY	MINIMUM A.D.& D. MONTHLY PREMIUM PER $1,000 OF INSURANCE	EXTRA % FOR OCCUPATIONAL A.& H. COVERAGE (SEE RATES ON PAGE 14)
MISCELLANEOUS MANUFACTURING		
Artificial Leather	15 cents	E.O.
Ice Manufacturing (No Harvesting)	20 cents	40%
Ivory, horn and bone goods	10 cents	6%
Oilcloth and linoleum	15 cents	20%
Photographic supplies and development of moving pictures	10 cents	6%
Plastic products (except pyroxylin products)	10 cents	20%
Pyroxylin manufacture (viscoloid, amberloid, fibreloid, celluloid)	15 cents	70%
Pyroxylin products	15 cents	70%
Rubber	10 cents	6%
Salt wells and works (no mining)	15 cents	20%
Upholstering	10 cents	6%

NOTE:
In the case of those industries which require a minimum accidental death and dismemberment premium in excess of 10¢, if the percentage of female employees exceeds 40% but is less than 55%, a reduction of 5¢ in the minimum rate will be allowed, and if the percentage of female employees is in excess of 55%, a reduction of 10¢ in the minimum rate will be allowed, provided that in no event will the accidental death and dismemberment premium rate be less than 10¢.

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5-15-49

GROUP SPECIAL MATERNITY BENEFIT (Non-Occupational)

Schedule of Minimum Monthly Premiums per $100 Maternity Benefit

Personal Coverage

% of Benefits on Females

Less than 11	11 - 21	21 - 31	31 - 41	41 - 51	51 - 61	61 - 71	71 - 81	81 - 91	91 and over
0	$.10	$.15	$.20	$.25	$.30	$.35	$.40	$.45	$.50

The above rates provide immediate maternity benefits for female employees becoming insured on or within 31 days after the issue date. Immediate maternity benefits are not available for employees becoming insured after that period.

Dependent Coverage

$1.00

This rate does not provide benefits for pregnancy existing on the issue date of the dependent insurance. To include benefits for pregnancy existing on the issue date of the dependent insurance an additional Single Premium of $9.00 per $100 of maternity benefit will be charged for all employees with dependent wives becoming insured on or within 31 days after the issue date.

SPECIAL MATERNITY BENEFIT

13

[redacted]

OCCUPATIONAL RATES FOR GROUP ACCIDENT AND HEALTH INSURANCE

Schedule of EXTRA Monthly Premiums Per $10 Weekly Sickness and Accident Benefits to be Added to Non-Occupational Rates in Order to Include Occupational Coverage

ALL BENEFITS BEGIN	4TH DAY			8TH DAY			15TH DAY		
ALL BENEFITS EXTEND	13 WEEKS	26 WEEKS	52 WEEKS	13 WEEKS	26 WEEKS	52 WEEKS	13 WEEKS	26 WEEKS	52 WEEKS
Class A (6%)	$0.05	$0.06	$0.07	$0.04	$0.05	$0.06	$0.03	$0.04	$0.05
Class B (20%)	.15	.19	.22	.12	.16	.19	.10	.14	.17
Class C (40%)	.31	.39	.44	.24	.32	.37	.21	.28	.33
Class D (70%)	.54	.68	.78	.42	.56	.65	.36	.50	.58

For Classification of Industries, see Pages 10, 11, 12 and 13.



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3-17-47

PERSONAL HOSPITAL - QUALITY
(Including Maternity Benefits)

NON-OCCUPATIONAL GROUP HOSPITAL EXPENSE INSURANCE - INCLUDING MATERNITY BENEFITS

Schedules of Minimum Monthly Premiums on Basis of $1.00 Daily Hospital Expense Insurance

Duration		31 Days						70 Days					
Industry Loading		None		15%		40%		None		15%		40%	
Class		Class A	Class B	Class A	Class B	Class A	Class B	Class A	Class B	Class A	Class B	Class A	Class B
Percent Female Benefits (See Note)	Less than 11%	$.110	$.120	$.126	$.138	$.154	$.168	$.122	$.133	$.140	$.153	$.171	$.186
	11% but less than 21%	.126	.126	.145	.145	.176	.176	.140	.140	.161	.161	.196	.196
	21% but less than 31%	.137	.137	.158	.158	.192	.192	.152	.152	.175	.175	.213	.213
	31% but less than 41%	.148	.154	.170	.177	.207	.216	.165	.171	.190	.197	.231	.239
	41% but less than 51%	.159	.165	.183	.190	.223	.231	.177	.183	.204	.210	.248	.256
	51% but less than 61%	.170	.181	.195	.208	.238	.253	.189	.201	.217	.231	.265	.281
	61% but less than 71%	.181	.192	.208	.221	.253	.269	.201	.213	.231	.245	.281	.298
	71% but less than 81%	.192	.209	.221	.240	.269	.293	.213	.232	.245	.267	.298	.325
	81% but less than 91%	.203	.220	.233	.253	.284	.308	.226	.244	.260	.281	.316	.342
	91% and over	.214	.236	.246	.271	.300	.330	.238	.262	.274	.301	.333	.367

If 31% or more of benefits are on male non-Caucasians, refer to Home Office (with full facts as to Plan, schedule and amount of employer contribution) for proper rates. Non-Caucasian females are counted only once, as females.

These rates provide Immediate Maternity Benefits for female employees becoming insured on or within 31 days after the issue date. Immediate Maternity Benefits are not available for employees becoming insured after that period.

QUALITY (Page 15)

PERSONAL HOSPITAL INSURANCE - QUA
(Including Maternity Benefi

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3-17-47

PERSONAL HOSPITAL - PREFERRED
(Including Maternity Benefits)

NON-OCCUPATIONAL GROUP HOSPITAL EXPENSE INSURANCE - INCLUDING MATERNITY BENEFITS

Schedules of Minimum Monthly Premiums on Basis of $1.00 Daily Hospital Expense Insurance

Duration		31 Days						70 Days					
Industry Loading		None		15%		40%		None		15%		40%	
Class		Class A	Class B	Class A	Class B	Class A	Class B	Class A	Class B	Class A	Class B	Class A	Class B
Percent Female Benefits (See Note)	Less than 11%	$.130	$.140	$.149	$.161	$.182	$.196	$.144	$.156	$.166	$.179	$.202	$.218
	11% but less than 21%	.149	.149	.171	.171	.209	.209	.166	.166	.191	.191	.232	.232
	21% but less than 31%	.162	.162	.186	.186	.227	.227	.180	.180	.207	.207	.252	.252
	31% but less than 41%	.175	.182	.201	.209	.245	.255	.194	.202	.223	.232	.272	.283
	41% but less than 51%	.189	.195	.216	.224	.263	.273	.209	.216	.240	.248	.293	.302
	51% but less than 61%	.201	.214	.231	.246	.281	.300	.223	.238	.256	.274	.312	.333
	61% but less than 71%	.214	.227	.246	.261	.300	.318	.238	.252	.274	.290	.333	.353
	71% but less than 81%	.227	.227	.261	.304	.318	.346	.252	.274	.290	.315	.353	.384
	81% but less than 91%	.240	.260	.276	.299	.336	.364	.266	.288	.306	.331	.372	.403
	91% and over	.253	.279	.291	.321	.354	.391	.281	.310	.323	.356	.393	.434

If 31% or more of benefits are on male non-Caucasians, refer to Home Office (with full facts as to Plan, schedule and amount of employer contribution) for proper rates. Non-Caucasian females are counted only once, as females.

These rates provide Immediate Maternity Benefits for female employees becoming insured on or within 31 days after the issue date. Immediate Maternity Benefits are not available for employees becoming insured after that period.

(Page 15)
PREFERRED

PERSONAL HOSPITAL INSURA[redacted]PLAN
(Including Matern[redacted]

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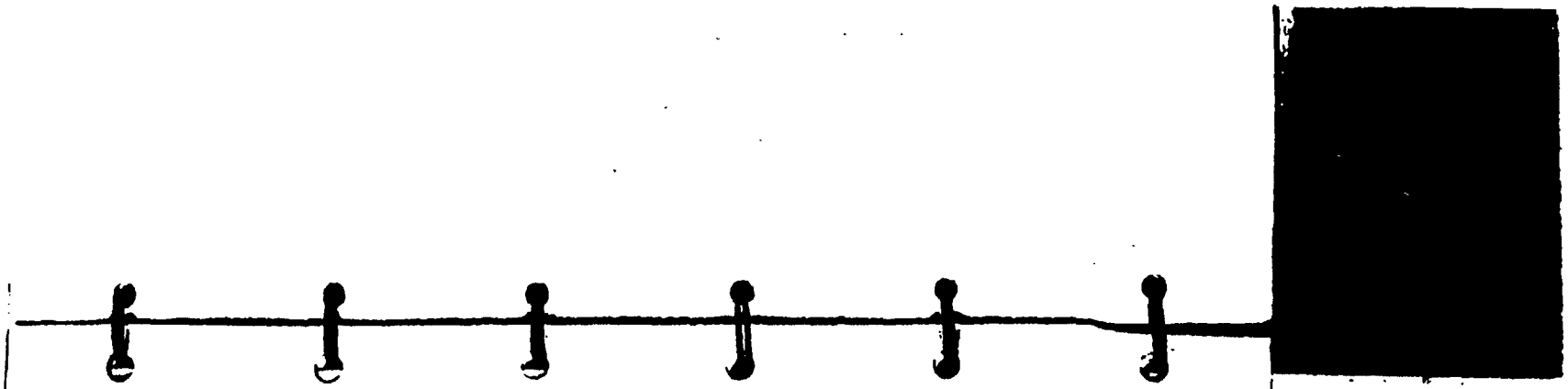

5-1-49

PERSONAL HOSPITAL - 5, 10, 15 AND 20 TIMES (Including Maternity Benefits)

GROUP HOSPITAL EXPENSE INSURANCE (Non-Occupational)
Schedule of Minimum Monthly Premiums Per $1 Daily Benefit (Fixed Benefit Plan)
No Industry Loading

Personal Coverage - Including Maternity Benefits

MAXIMUM DURATION (DAYS)	MAXIMUM SPECIAL SERVICES	% of Benefits on Females									
		Less than 11	11 - 21	21 - 31	31 - 41	41 - 51	51 - 61	61 - 71	71 - 81	81 - 91	91 and over
31	5 times	$.110	$.126	$.137	$.148	$.159	$.170	$.181	$.192	$.203	$.214
31	10 times	.130	.149	.162	.175	.188	.201	.214	.227	.240	.253
31	15 times	.138	.159	.172	.186	.200	.214	.228	.241	.255	.269
31	20 times	.143	.164	.179	.193	.207	.222	.236	.250	.265	.279
70	5 times	.122	.140	.152	.165	.177	.189	.201	.213	.226	.238
70	10 times	.142	.163	.177	.192	.206	.220	.234	.248	.263	.277
70	15 times	.150	.172	.187	.202	.217	.232	.247	.262	.277	.292
70	20 times	.155	.178	.194	.209	.225	.240	.256	.271	.287	.302

These rates provide immediate maternity benefits for female employees becoming insured on or within 31 days after the issue date. Immediate maternity benefits are not available for employees becoming insured after that period.

(Page 15A)

PERSONAL HOSPITAL INSURANCE - 5, 10, 15 AND 20 TIMES PLANS
(Including Maternity Benefits)

3-17-47

PERSONAL HOSPITAL - QUALITY (Page 15-1)
(Excluding Maternity Benefits)
QUALITY

NON-OCCUPATIONAL GROUP HOSPITAL EXPENSE INSURANCE - EXCLUDING MATERNITY BENEFITS

Schedules of Minimum Monthly Premiums on Basis of $1.00 Daily Hospital Expense Insurance

Duration		31 Days						70 Days					
Industry Loading		None		15%		40%		None		15%		40%	
Class		Class A	Class B	Class A	Class B	Class A	Class B	Class A	Class B	Class A	Class B	Class A	Class B
Percent Female Benefits (See Note)	Less than 11%	$.110	$.110	$.126	$.126	$.154	$.154	$.122	$.122	$.140	$.140	$.171	$.171
	11% but less than 21%	.110	.110	.126	.126	.154	.154	.122	.122	.140	.140	.171	.171
	21% but less than 31%	.126	.126	.145	.145	.176	.176	.140	.140	.161	.161	.196	.196
	31% but less than 41%	.126	.126	.145	.145	.176	.176	.140	.140	.161	.161	.196	.196
	41% but less than 51%	.137	.137	.158	.158	.192	.192	.152	.152	.175	.175	.213	.213
	51% but less than 61%	.146	.153	.168	.176	.204	.214	.165	.173	.190	.199	.231	.242
	61% but less than 71%	.153	.159	.176	.183	.214	.223	.173	.180	.199	.207	.242	.252
	71% but less than 81%	.159	.169	.183	.194	.223	.237	.180	.192	.207	.221	.252	.269
	81% but less than 91%	.166	.178	.191	.202	.232	.246	.189	.200	.217	.230	.265	.280
	91% and over	.173	.186	.199	.214	.242	.260	.197	.213	.227	.244	.276	.297

If 31% or more of benefits are on male non-Caucasians, refer to Home Office (with full facts as to Plan, schedule and amount of employer contribution) for proper rates. Non-Caucasian females are counted only once, as females.

These rates are for Plans excluding all Maternity Benefits.

PERSONAL HOSP[redacted] - QUALITY PLAN
(Exclu[redacted]enefits)

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PERSONAL HOSPITAL - PREFERRED (Page 15-1)
(Excluding Maternity Benefits) PREFERRED

NON-OCCUPATIONAL GROUP HOSPITAL EXPENSE INSURANCE - EXCLUDING MATERNITY BENEFITS

Schedules of Minimum Monthly Premiums on Basis of $1.00 Daily Hospital Expense Insurance

Duration		31 Days						70 Days					
Industry Loading		None		15%		40%		None		15%		40%	
Class		Class A	Class B	Class A	Class B	Class A	Class B	Class A	Class B	Class A	Class B	Class A	Class B
Percent Female Benefits (See Note)	Less than 11%	$.130	$.130	$.149	$.149	$.182	$.182	$.144	$.144	$.166	$.166	$.202	$.202
	11% but less than 21%	.130	.130	.149	.149	.182	.182	.144	.144	.166	.166	.202	.202
	21% but less than 31%	.149	.149	.171	.171	.209	.209	.166	.166	.191	.191	.232	.232
	31% but less than 41%	.149	.149	.171	.171	.209	.209	.166	.166	.191	.191	.232	.232
	41% but less than 51%	.162	.162	.186	.186	.227	.227	.180	.180	.207	.207	.252	.252
	51% but less than 61%	.173	.181	.199	.208	.242	.253	.195	.205	.224	.236	.273	.287
	61% but less than 71%	.181	.188	.208	.216	.253	.263	.205	.213	.236	.245	.287	.298
	71% but less than 81%	.180	.200	.216	.230	.263	.280	.213	.227	.245	.261	.298	.318
	81% but less than 91%	.196	.208	.225	.239	.274	.291	.222	.236	.255	.271	.311	.330
	91% and over	.204	.230	.235	.263	.286	.306	.232	.251	.267	.289	.325	.351

If 31% or more of benefits are on male non-Caucasians, refer to Home Office (with full facts as to Plan, schedule and amount of employer contribution) for proper rates. Non-Caucasian females are counted only once, as females.

These rates are for Plans excluding all Maternity Benefits.

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Maternity Benefits)

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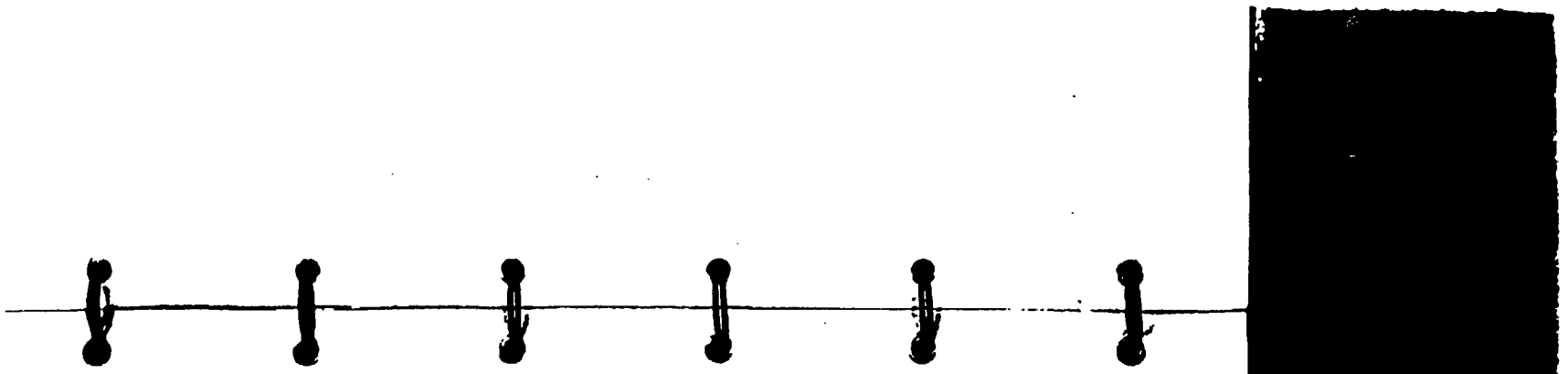


5-1-49

PERSONAL HOSPITAL - 5, 10, 15 AND 20 TIMES
(Excluding Maternity Benefits)

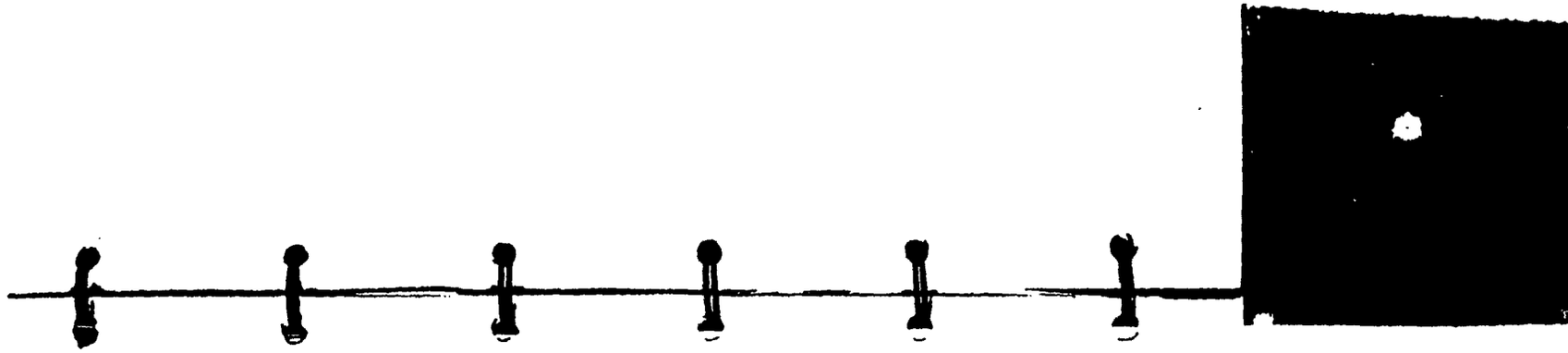
GROUP HOSPITAL EXPENSE INSURANCE (Non-Occupational)
Schedule of Minimum Monthly Premiums Per $1 Daily Benefit (Fixed Benefit Plan)
No Industry Loading

Personal Coverage - Excluding Maternity Benefits

MAXIMUM DURATION (DAYS)	MAXIMUM SPECIAL SERVICES	% of Benefits on Females									
		Less than 11	11 - 21	21 - 31	31 - 41	41 - 51	51 - 61	61 - 71	71 - 81	81 - 91	91 and over
31	5 times	$.110	$.115	$.121	$.126	$.132	$.137	$.143	$.148	$.154	$.159
31	10 times	.130	.136	.143	.149	.156	.162	.169	.175	.182	.188
31	15 times	.138	.145	.152	.159	.166	.172	.179	.186	.193	.200
31	20 times	.143	.150	.157	.164	.172	.179	.186	.193	.200	.207
70	5 times	.122	.129	.136	.143	.150	.156	.163	.169	.177	.183
70	10 times	.142	.150	.158	.166	.174	.181	.189	.196	.205	.212
70	15 times	.150	.158	.167	.175	.183	.190	.198	.207	.215	.223
70	20 times	.155	.164	.172	.180	.190	.197	.206	.214	.222	.230

These rates are for Plans excluding maternity benefits

PERSONAL HOSPITAL INSURANCE - 5, 10, 15 AND 20 TIMES PLANS
(Excluding Maternity Benefits)



3-17-47

GROUP SURGICAL OPERATION INSURANCE - PERSONAL

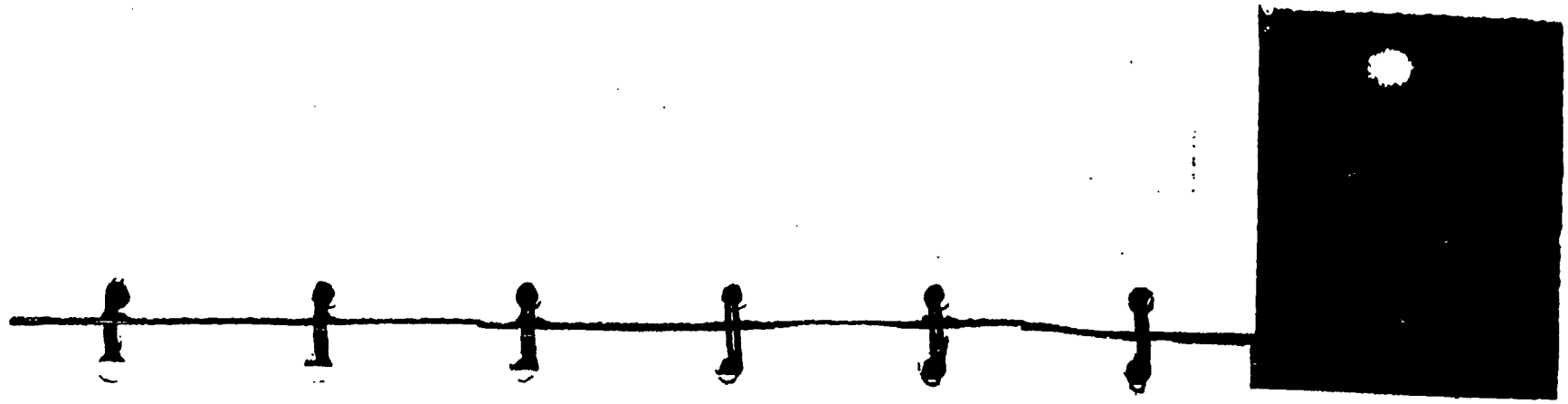
Schedule of Minimum Monthly Premiums for Non-Occupational Insurance

If 31% or more of Benefits are on male non-caucasians, refer to Home Office (with full facts as to Plan, schedule and amount of employer contribution) for proper rates. Non-caucasian females are counted only once, as females	Rates in the four columns below are for plans providing Immediate Obstetrical Benefits for female employees becoming insured on or within 31 days after the issue date. Immediate Obstetrical Benefits are not available for employees becoming insured after that period.				Rates in the four columns below are for plans excluding all Obstetrical Benefits.			
PERCENT FEMALE BENEFITS	CLASS "A"		CLASS "B"		CLASS "A"		CLASS "B"	
(See Note above)	$150 Plan	$175 Plan	$150 Plan	$175 Plan	$150 Plan	$175 Plan	$150 Plan	$175 Plan
Less than 11%	$.40	$.50	$.45	$.55	$.40	$.50	$.40	$.50
11% but less than 21%	.46	.58	.46	.58	.46	.58	.46	.58
21% but less than 31%	.50	.63	.50	.63	.46	.58	.46	.58
31% but less than 41%	.54	.68	.56	.70	.46	.58	.46	.58
41% but less than 51%	.56	.73	.60	.75	.50	.63	.50	.63
51% but less than 61%	.62	.78	.66	.83	.53	.69	.56	.73
61% but less than 71%	.66	.83	.70	.88	.56	.73	.58	.76
71% but less than 81%	.70	.88	.75	.95	.58	.76	.62	.81
81% but less than 91%	.74	.93	.80	1.00	.60	.79	.64	.84
91% and over	.78	.98	.86	1.09	.63	.83	.68	.90

PERSONAL SURGICAL (Page 15A)

PERSONAL SURGICAL





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PERSONAL SURGICAL

(Page 15C)

GROUP SURGICAL OPERATION INSURANCE (Non-Occupational)
Schedule of Minimum Monthly Premiums

Personal Coverage

INCLUDING OBSTETRICAL BENEFITS

Maximum Benefit	% of Benefits on Females									
	Less than 11	11 - 21	21 - 31	31 - 41	41 - 51	51 - 61	61 - 71	71 - 81	81 - 91	91 and over
$150	$.40	$.46	$.50	$.54	$.58	$.62	$.66	$.70	$.74	$.78
175	.50	.58	.63	.68	.73	.78	.83	.88	.93	.98

The rates above provide immediate obstetrical benefits for female employees becoming insured on or within 31 days after the issue date. Immediate obstetrical benefits are not available for employees becoming insured after that period.

EXCLUDING OBSTETRICAL BENEFITS

Maximum Benefit	% of Benefits on Females									
	Less than 11	11 - 21	21 - 31	31 - 41	41 - 51	51 - 61	61 - 71	71 - 81	81 - 91	91 and over
$150	$.40	$.42	$.44	$.46	$.48	$.50	$.52	$.54	$.56	$.58
$175	.50	.53	.55	.58	.60	.63	.65	.68	.70	.73



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3-17-47

NON-OCCUPATIONAL DEPENDENT INSURANCE - GROUP HOSPITAL EXPENSE AND SURGICAL OPERATION INSURANCE

The rate for dependent insurance is in addition to the rate for personal insurance.

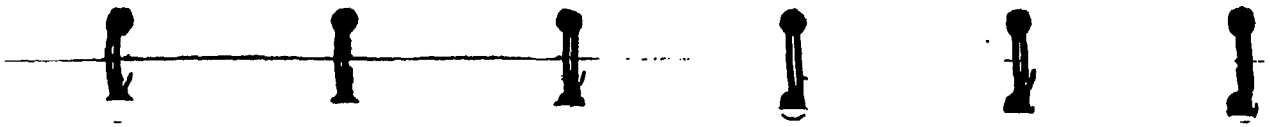
If 31% or more of benefits are on non-Caucasians, refer to Home Office (with full facts as to Plan, schedule and amount of employer contribution) for proper rates.

	Minimum Monthly Premium Rates					
	Hospital Expense Insurance Per $1 of Daily Benefit				Surgical Operation Insurance	
	31 Days		70 Days			
	Quality	Preferred	Quality	Preferred	$150 Plan	$175 Plan
1. Excluding Maternity Benefits:						
(a) If non-contributory, or if contributory but no contribution exceeds amount shown (whether or not contributions vary by family status)	$ .22	$ .25	$ .244	$ .274 $.278	$1.05	$1.25
*(b) All others:						
(1) Employee with child(ren) only	.14	.16	.156	.176 .178	.75	.80
(2) Employee with wife only	.14	.16	.156	.176	.60	.80
(3) Employee with both wife and children	.28	.31	.311	.346	1.35	1.55
2. Additional premium for including Maternity Benefits:						
(a) Excluding pregnancy existing on effective date of employee's Dependent Insurance	.10	.10	.10	.10	.50	.50
(b) Additional extra single premium to include pregnancy existing on issue date of Dependent Insurance, payable on all employees with dependent wives insured at issue or within 31 days thereafter	Single Premium				Single Premium	
	.84	.84	.84	.84	4.50	4.50

* Under 1(b) above, a composite rate will be established based upon the distribution of dependent insurance on employees with wife only, children only, or both wife and children. This will be the rate charged for all employees insured for dependent insurance, regardless of the number or classification of dependents.

DEPENDENT HOSPITAL AND SURGICAL Page 1-5-B







NON-OCCUPATIONAL DEPENDENT INSURANCE - GROUP HOSPITAL EXPENSE AND SURGICAL OPERATION INSURANCE

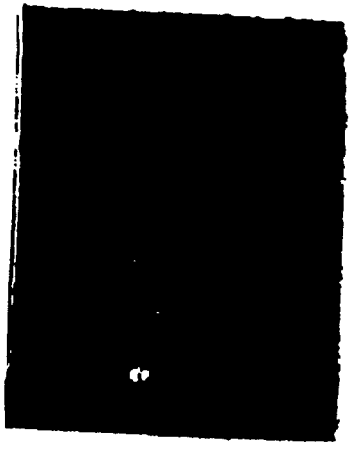
The rate for dependent insurance is in addition to the rate for personal insurance.

	Minimum Monthly Premium Rates					
	Hospital Expense Insurance Per $1 of Daily Benefit				Surgical Operation Insurance	
	5 Times **		10 Times **			
	31 Days	70 Days	31 Days	70 Days	$150 Plan	$175 Plan
1. Excluding Maternity Benefits:						
(a) If non-contributory, or if contributory but no contribution exceeds amount shown (whether or not contributions vary by family status)	$ .22	$.244	$ .25	$.274	$1.05	$1.25
*(b) All others:						
(1) Employee with child(ren) only	.14	.156	.16	.176	.75	.80
(2) Employee with wife only	.14	.156	.16	.176	.60	.80
(3) Employee with both wife and children.	.28	.311	.31	.341	1.35	1.55
2. Additional premium for Including Maternity Benefits:						
(a) Excluding pregnancy existing on effective date of employee's Dependent Insurance	.10	.10	.10	.10	.50	.50
(b) Additional extra single premium to include pregnancy existing on issue date of Dependent Insurance, payable on all employees with dependent wives insured at issue or within 31 days thereafter	Single Premium				Single Premium	
	.84	.84	.84	.84	4.50	4.50

* Under 1(b) above, a composite rate will be established based upon the distribution of dependent insurance on employees with wife only, children only, or both wife and children. This will be the rate charged for all employees insured for dependent insurance, regardless of the number or classification of dependents.

**Providing up to 5 or 10 times respectively the Daily Benefit for Special Services.



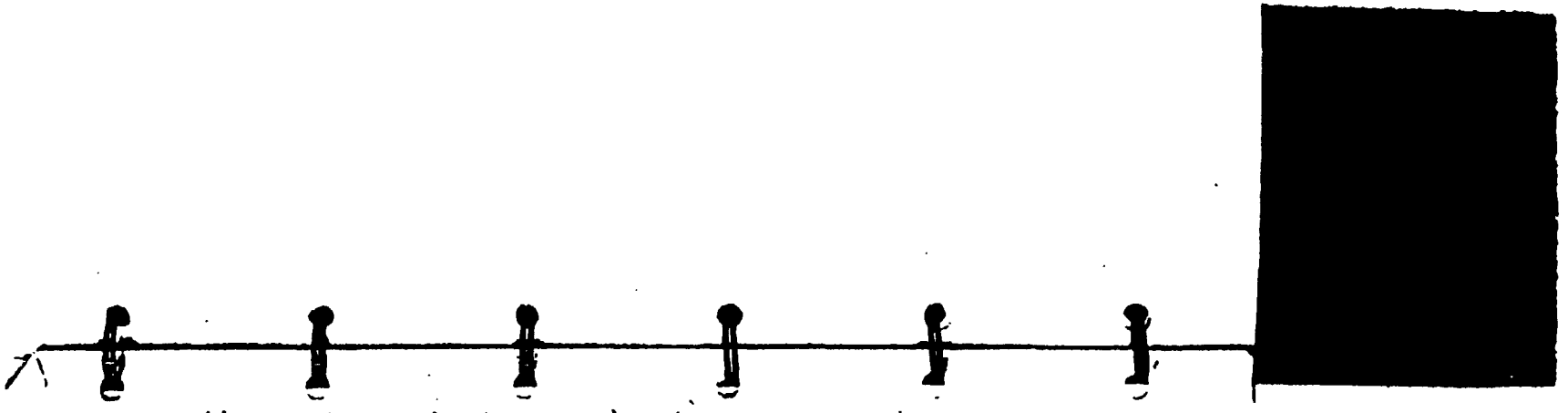


S-1-49 DEPENDENT HOSPITAL (15 AND 20 TIMES) Page 15-3

NON-OCCUPATIONAL DEPENDENT INSURANCE - GROUP HOSPITAL EXPENSE INSURANCE				
The rate for dependent insurance is in addition to the rate for personal insurance.	Minimum Monthly Premium Rates Hospital Expense Insurance Per $1 of Daily Benefit			
	15 Times **		20 Times **	
1. Excluding Maternity Benefits:	31 Days	70 Days	31 Days	70 Days
(a) If non-contributory, or if contributory but no contribution exceeds amount shown (whether or not contributions vary by family status)	$.266	$.290	$.274	$.298
*(b) All others:				
(1) Employee with child(ren) only	.166	.182	.169	.185
(2) Employee with wife only	.166	.182	.169	.185
(3) Employee with both wife and children	.329	.360	.338	.369
2. Additional premium for including Maternity Benefits:				
(a) Excluding pregnancy existing on effective date of employee's Dependent Insurance	.10	.10	.10	.10
(b) Additional extra single premium to include pregnancy existing on issue date of Dependent Insurance, payable on all employees with dependent wives insured at issue or within 31 days thereafter	Single Premium			
	.84	.84	.84	.84

* Under 1(b) above, a composite rate will be established based upon the distribution of dependent insurance *on employees with wife only, children only,* or both wife and children. This will be the rate charged for all employees insured for dependent insurance, regardless of the number or classification of dependents.

**Providing up to 15 or 20 times respectively the Daily Benefit for Special Services.



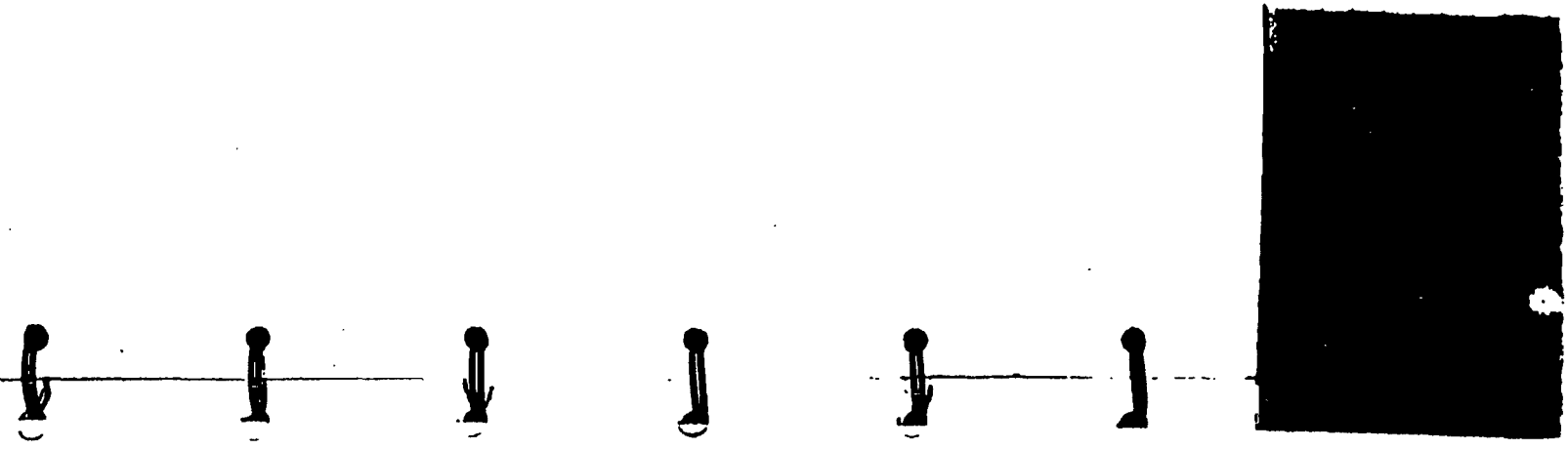
12-15-47

PHYSICIANS' ATTENDANCE AND MEDICAL EXPENSE

GROUP PHYSICIANS' ATTENDANCE AND MEDICAL EXPENSE INSURANCE

Schedule of Minimum Monthly Premiums for Non-Occupational Insurance

If 31% or more of Benefits are on male non-Caucasians, refer to Home Office (with full facts as to Plan, schedule and amount of employer contribution) for proper rates. Non-caucasian females are counted only once, as females.	Physicians' Attendance Insurance on basis of: (a) $1 Daily Supplementary Hospital Benefit, and (b) $31 Maximum Benefit		Medical Expense Insurance on basis of: (a) $2 per Office Treatment and $3 per Treatment Elsewhere, and (b) $150 Maximum Benefit, and (c) maximum of three treatments per week, and (d) benefits commence with first treatment for accident disabilities and with (e) fourth treatment for sickness disabilities.
PERCENT FEMALE BENEFITS (See Note above)	Industry Loading		
	None	15%	
Less than 11%	$.03	$.035	$.37
11% but less than 21%	.031	.036	.40
21% but less than 31%	.035	.040	.42
31% but less than 41%	.036	.040	.43
41% but less than 51%	.039	.044	.45
51% but less than 61%	.040	.046	.47
61% but less than 71%	.042	.048	.49
71% but less than 81%	.044	.051	.51
81% but less than 91%	.045	.052	.53
91% and over	.047	.054	.55
Additional monthly premium to include Dependents	$.06		Dependent coverage not available



5-1-49

GROUP PHYSICIANS' ATTENDANCE INSURANCE (Non-occupational)

Plans I and IA

Schedule of Minimum Monthly Premiums Per $1 Daily Benefit

Basis of 31 Days Maximum — No Industry Loading

Personal Coverage

% of Benefits on Females									
Less than 11	11 - 21	21 - 31	31 - 41	41 - 51	51 - 61	61 - 71	71 - 81	81 - 91	91 and over
$.030	$.032	$.033	$.035	$.036	$.038	$.039	$.041	$.042	$.044

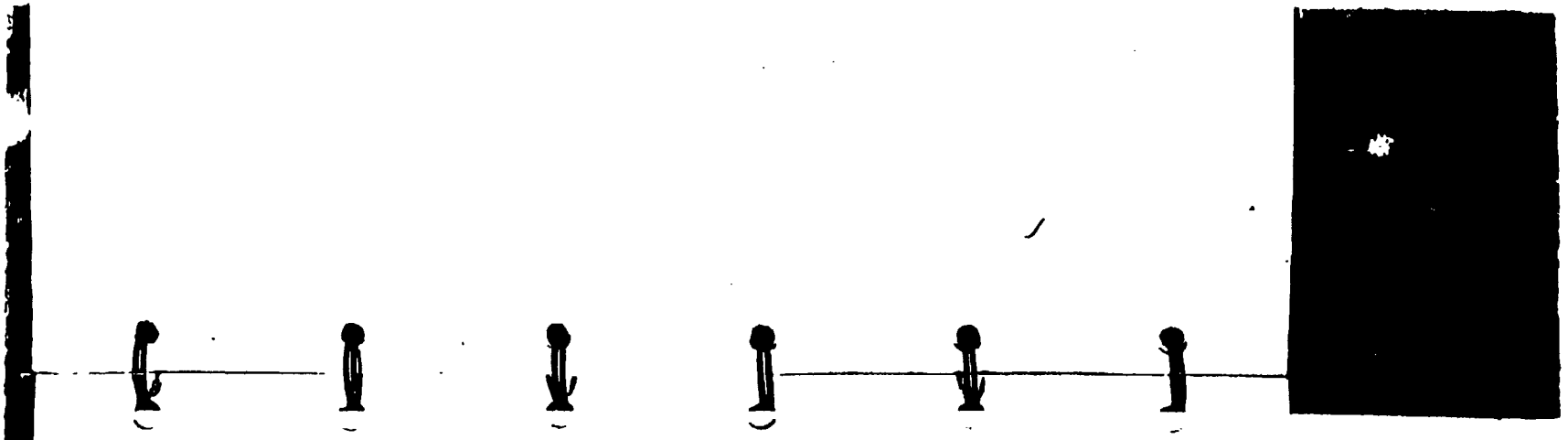
Dependent Coverage

$.06

This Plan excludes maternity benefits under both personal and dependent coverages.

PHYSICIANS' ATTENDANCE

(Page 16A)



5-1-49

MEDICAL EXPENSE

GROUP MEDICAL EXPENSE INSURANCE (Non-Occupational)

Plans II, IIA, IIB, IIC and IID

Schedule of Minimum Monthly Premiums

No Industry Loading

Basis of: $ 2 per treatment in office
$ 3 per treatment elsewhere
$150 maximum benefit

TOTAL DISABILITY — **Personal Coverage**

Plan	Maximum Number of Treatments	Benefits Begin For		% of Benefits on Females									
		Accident	Sickness	Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over
II	3 per week	1st treatment	4th treatment	$.37	$.39	$.41	$.43	$.44	$.46	$.48	$.50	$.52	$.54
IIA	1 per day	1st day of treatment	2nd day of treatment	.47	.49	.52	.54	.56	.59	.61	.63	.66	.68
IIB	1 per day	2nd day of treatment	2nd day of treatment	.46	.48	.51	.53	.55	.58	.60	.62	.64	.67
IIC	1 per day	1st day of treatment	4th day of treatment	.37	.39	.41	.43	.44	.46	.48	.50	.52	.54
IID	1 per day	4th day of treatment	4th day of treatment	.34	.36	.37	.39	.41	.43	.44	.46	.48	.49

NON-TOTAL DISABILITY — **Personal Coverage**

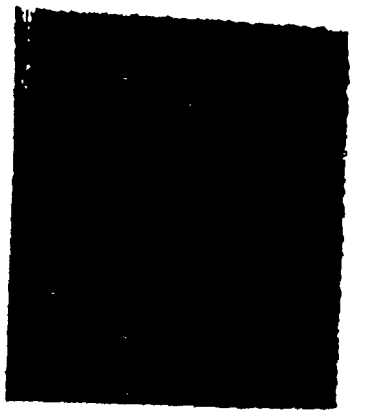
May not be offered without prior Home Office approval.

1 per day	1st day of treatment	1st day of treatment	$.85	$.89	$.94	$.98	$1.02	$1.06	$1.11	$1.15	$1.19	$1.23

Dependent Coverage

$2.60

These Plans exclude maternity benefits.



5-1-49

COMBINATION P.A. AND M.E. PLAN

(Page 19C)

GROUP PHYSICIANS' ATTENDANCE INSURANCE AND MEDICAL EXPENSE INSURANCE (Non-Occupational)

COMBINATION PLAN
Schedule of Minimum Monthly Premiums
No Industry Loading

(1) PERSONAL PHYSICIANS' ATTENDANCE INSURANCE (Basis of: $1 Daily Benefit in hospital
31 Days Maximum)

(2) PERSONAL MEDICAL EXPENSE INSURANCE (Basis of: $2 per treatment in Office
$3 per treatment elsewhere except in hospital
$150 Maximum Benefit)

(3) DEPENDENT PHYSICIANS' ATTENDANCE INSURANCE (Basis of: $1 Daily Benefit in hospital
31 Days Maximum)

	% of Benefits on Females									
	Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over
PERSONAL PHYSICIANS' ATTENDANCE INSURANCE	$.030	$.032	$.033	$.035	$.038	$.038	$.039	$.041	$.042	$.044
PERSONAL MEDICAL EXPENSE INSURANCE (TOTAL DISABILITY)										
Plan	Maximum Number of Treatments	Benefits Begin For: Accident	Benefits Begin For: Sickness							
II	3 per week	1st treatment	4th treatment	.33	.35	.36	.38	.40	.41	.43	.45	.46	.48
IIA	1 per day	1st day of treatment	2nd day of treatment	.40	.42	.44	.46	.48	.50	.52	.54	.56	.58
IIB	1 per day	2nd day of treatment	2nd day of treatment	.39	.41	.43	.45	.47	.49	.51	.53	.55	.57
IIC	1 per day	1st day of treatment	4th day of treatment	.32	.34	.35	.37	.38	.40	.42	.43	.45	.46
IID	1 per day	4th day of treatment	4th day of treatment	.30	.32	.33	.35	.36	.38	.39	.41	.42	.44
DEPENDENT PHYSICIANS' ATTENDANCE INSURANCE				$.06						

This Plan excludes maternity benefits.

GROUP ANNUITY NOTES

The following comments and rate schedules are all subject to the underwriting rules applicable to Group Annuities. All estimates and quotations must be made subject to Home Office approval. The main purpose of this material is to enable the sales representative, when necessary, to readily illustrate the operation of a Group Annuity program with respect to employer and employee outlay, either on a "without-interest" basis or on a "with-interest" basis.

In general, it is recommended, as in the past, that Plans be established on a "without-interest" basis even though, if desired, we are prepared to offer the interest feature.

1. In illustrating the total outlay (employer plus employee) for current service benefits under a contributory Plan, the proper "Combined Employer and Employee Rates" table, on Page 18, 19, 20 or 21, is used. These tables show several ratios of employee contributions to Annuity.

2. In illustrating the employer outlay for current service benefits under a contributory Plan, the same tables are used, i.e., those on Pages 18, 19, 20 and 21. The employer current monthly outlay for an Annuity of $1 per month is the difference between the figures shown in these tables and the employee's monthly contribution per $1 of monthly Annuity. There is no return at death to the employer, such contingencies having been discounted in the calculation of the tables. In event of an employee's withdrawal from the Plan prior to normal or earlier optional retirement date and while in good health, an appropriate surrender value is credited to the employer.

3. In illustrating the employer outlay for past service or other additional Annuity benefits to be purchased wholly by the employer, use the "Employer Only Rates" table on Page 22 for employees under retirement age and the "Employer Only Rates" table on Page 23 for employees at or over retirement age. There is no return at death under these rates. A surrender value is credited to the employer on account of any employee withdrawing prior to normal or earlier optional retirement date while in good health.

4. In illustrating what employee contributions will buy during any year, use the table on Page 24 or the table on Page 25. Under the rates in these tables, the return of employee contributions is guaranteed, without interest or with interest respectively, in event of death or withdrawal prior to normal or earlier optional retirement date. In event of death after normal or earlier optional retirement date, the return consists of the employee's total contributions for Annuities, without interest or with interest, up to normal or earlier optional retirement date, depending upon the type of Plan, less the total amount of Annuity already paid the employee.



GROUP ANNUITIES - 1941 RATES

CURRENT SERVICE BENEFITS - COMBINED EMPLOYER AND EMPLOYEE RATES

CONTRIBUTORY PLAN - WITHOUT-INTEREST BASIS

Monthly Stipulated Payments (payable for 12 months) for an Annuity of $1.00 per Month to be Provided under a Contributory Plan. Annuity to Commence at Retirement Age 60.

Attained Age Nearest Birthday	Employees Contribute on			
	A 2 for 1 Ratio		A 3 for 1 Ratio	
	Male	Female	Male	Female
15	$5.50	$6.67	$5.64	$6.78
16	5.62	6.81	5.76	6.92
17	5.73	6.96	5.87	7.06
18	5.85	7.10	6.00	7.21
19	5.97	7.25	6.12	7.35
20	6.10	7.40	6.25	7.51
21	6.23	7.56	6.37	7.66
22	6.36	7.71	6.51	7.82
23	6.49	7.88	6.64	7.98
24	6.63	8.04	6.78	8.15
25	6.77	8.21	6.92	8.32
26	6.91	8.38	7.06	8.49
27	7.05	8.56	7.21	8.67
28	7.20	8.74	7.36	8.85
29	7.36	8.92	7.52	9.04
30	7.51	9.11	7.68	9.23
31	7.67	9.30	7.84	9.42
32	7.84	9.50	8.01	9.62
33	8.01	9.70	8.18	9.82
34	8.19	9.91	8.35	10.03
35	8.37	10.13	8.53	10.24
36	8.55	10.34	8.72	10.46
37	8.74	10.57	8.91	10.69
38	8.94	10.80	9.11	10.92
39	9.14	11.04	9.31	11.16
40	9.35	11.28	9.52	11.40
41	9.57	11.54	9.74	11.65
42	9.80	11.80	9.97	11.91
43	10.03	12.06	10.20	12.18
44	10.28	12.34	10.44	12.46
45	10.53	12.63	10.69	12.75
46	10.79	12.93	10.95	13.04
47	11.07	13.24	11.23	13.35
48	11.38	13.56	11.51	13.67
49	11.65	13.89	11.81	14.00
50	11.97	14.24	12.12	14.34
51	12.30	14.60	12.44	14.70
52	12.65	14.97	12.78	15.07
53	13.01	15.37	13.14	15.46
54	13.40	15.78	13.52	15.86
55	13.81	16.21	13.92	16.29
56	14.24	16.66	14.34	16.73
57	14.70	17.14	14.79	17.20
58	15.19	17.65	15.27	17.70
59	15.72	18.18	15.78	18.22
60	15.98	18.45	16.03	18.48



GROUP ANNUITIES - 1941 RATES

CURRENT SERVICE BENEFITS - COMBINED EMPLOYER AND EMPLOYEE RATES

CONTRIBUTORY PLAN - WITHOUT-INTEREST BASIS

Monthly Stipulated Payments (payable for 12 months) for an Annuity of $1.00 per Month to be Provided under a Contributory Plan. Annuity to Commence at Retirement Age 65.

Attained Age Nearest Birthday	Employees Contribute on			
	A 2 for 1 Ratio		A 3 for 1 Ratio	
	Male	Female	Male	Female
15	$3.85	$4.96	$4.13	$5.10
16	4.03	5.07	4.21	5.20
17	4.12	5.17	4.30	5.31
18	4.20	5.28	4.38	5.42
19	4.29	5.39	4.47	5.53
20	4.38	5.50	4.56	5.64
21	4.47	5.62	4.66	5.76
22	4.56	5.73	4.75	5.87
23	4.65	5.85	4.85	6.00
24	4.75	5.97	4.95	6.12
25	4.85	6.10	5.05	6.25
26	4.95	6.23	5.15	6.37
27	5.05	6.36	5.26	6.51
28	5.16	6.49	5.37	6.64
29	5.27	6.63	5.48	6.78
30	5.38	6.77	5.59	6.92
31	5.49	6.91	5.71	7.06
32	5.61	7.05	5.83	7.21
33	5.73	7.20	5.95	7.36
34	5.86	7.36	6.08	7.52
35	5.98	7.51	6.21	7.68
36	6.11	7.67	6.34	7.84
37	6.25	7.84	6.48	8.01
38	6.39	8.01	6.62	8.18
39	6.53	8.19	6.76	8.35
40	6.68	8.37	6.91	8.53
41	6.83	8.56	7.07	8.72
42	6.99	8.74	7.23	8.91
43	7.16	8.94	7.38	9.11
44	7.33	9.14	7.56	9.31
45	7.50	9.35	7.74	9.52
46	7.69	9.57	7.92	9.74
47	7.88	9.80	8.11	9.97
48	8.08	10.03	8.31	10.20
49	8.29	10.28	8.52	10.44
50	8.50	10.53	8.73	10.69
51	8.73	10.79	8.96	10.95
52	8.97	11.07	9.20	11.23
53	9.23	11.35	9.44	11.51
54	9.49	11.65	9.71	11.81
55	9.77	11.97	9.98	12.12
56	10.07	12.30	10.27	12.44
57	10.39	12.65	10.58	12.78
58	10.73	13.01	10.91	13.14
59	11.09	13.40	11.26	13.52
60	11.47	13.81	11.63	13.92
61	11.89	14.24	12.03	14.34
62	12.33	14.70	12.46	14.79
63	12.82	15.19	12.92	15.27
64	13.34	15.72	13.41	15.78
65	13.90	15.98	13.97	16.03



GROUP ANNUITIES - 1941 RATES

CURRENT SERVICE BENEFITS - COMBINED EMPLOYER AND EMPLOYEE RATES

CONTRIBUTORY PLAN - WITH-INTEREST BASIS

Monthly Stipulated Payments (payable for 12 months) for an Annuity of $1.00 per Month to be Provided under a Contributory Plan. Annuity to Commence at Retirement Age 60.

Attained Age Nearest Birthday	Employees Contribute on			
	A 2 for 1 Ratio		A 3 for 1 Ratio	
	Male	Female	Male	Female
15	$5.77	$6.87	$6.10	$7.11
16	5.88	7.00	6.20	7.24
17	5.99	7.14	6.31	7.38
18	6.10	7.28	6.42	7.51
19	6.22	7.43	..53	7.66
20	6.34	7.57	6.65	7.80
21	6.46	7.72	6.77	7.95
22	6.58	7.88	6.89	8.10
23	6.71	8.03	7.01	8.25
24	6.84	8.19	7.14	8.41
25	6.97	8.36	7.27	8.57
26	7.11	8.52	7.40	8.74
27	7.25	8.70	7.54	8.90
28	7.39	8.87	7.68	9.08
29	7.54	9.05	7.82	9.25
30	7.69	9.23	7.97	9.44
31	7.84	9.42	8.12	9.62
32	8.00	9.62	8.27	9.81
33	8.16	9.81	8.43	10.01
34	8.33	10.02	8.60	10.21
35	8.50	10.22	8.77	10.41
36	8.68	10.44	8.94	10.62
37	8.87	10.66	9.12	10.84
38	9.06	10.88	9.31	11.06
39	9.25	11.12	9.50	11.29
40	9.46	11.36	9.70	11.53
41	9.67	11.61	9.91	11.77
42	9.89	11.86	10.12	12.03
43	10.12	12.13	10.34	12.29
44	10.36	12.40	10.58	12.55
45	10.60	12.68	10.82	12.83
46	10.86	12.98	11.07	13.12
47	11.13	13.28	11.33	13.42
48	11.41	13.60	11.60	13.73
49	11.70	13.92	11.89	14.05
50	12.01	14.27	12.19	14.39
51	12.34	14.62	12.50	14.74
52	12.68	15.00	12.84	15.11
53	13.04	15.39	13.19	15.49
54	13.42	15.80	13.56	15.89
55	13.82	16.22	13.95	16.31
56	14.25	16.67	14.36	16.75
57	14.71	17.15	14.80	17.22
58	15.20	17.65	15.28	17.70
59	15.72	18.18	15.78	18.22
60	16.28	18.45	16.03	18.48

[redacted]

GROUP ANNUITIES - 1941 RATES

CURRENT SERVICE BENEFITS - COMBINED EMPLOYER AND EMPLOYEE RATES

CONTRIBUTORY PLAN - WITH-INTEREST BASIS

Monthly Stipulated Payments (payable for 12 months) for an Annuity of $1.00 per Month to be Provided under a Contributory Plan. Annuity to Commence at Retirement Age 65.

Attained Age Nearest Birthday	Employees Contribute on			
	A 2 for 1 Ratio		A 3 for 1 Ratio	
	Male	Female	Male	Female
15	$4.36	$5.27	$4.82	$5.61
16	4.43	5.36	4.89	5.70
17	4.51	5.46	4.96	5.80
18	4.58	5.56	5.03	5.90
19	4.66	5.67	5.11	6.00
20	4.74	5.77	5.18	6.10
21	4.83	5.88	5.26	6.20
22	4.91	5.99	5.34	6.31
23	5.00	6.10	5.42	6.42
24	5.08	6.22	5.51	6.53
25	5.17	6.34	5.59	6.65
26	5.27	6.46	5.68	6.77
27	5.36	6.58	5.77	6.89
28	5.46	6.71	5.87	7.01
29	5.56	6.84	5.96	7.14
30	5.66	6.97	6.06	7.27
31	5.76	7.11	6.16	7.40
32	5.87	7.25	6.27	7.54
33	5.98	7.39	6.38	7.68
34	6.10	7.54	6.49	7.82
35	6.22	7.69	6.60	7.97
36	6.34	7.84	6.72	8.12
37	6.47	8.00	6.84	8.27
38	6.60	8.16	6.97	8.43
39	6.73	8.33	7.10	8.60
40	6.87	8.50	7.23	8.77
41	7.01	8.68	7.37	8.94
42	7.16	8.87	7.51	9.12
43	7.32	9.06	7.66	9.31
44	7.48	9.25	7.82	9.50
45	7.64	9.46	7.98	9.70
46	7.82	9.67	8.15	9.91
47	8.00	9.89	8.32	10.12
48	8.19	10.12	8.51	10.34
49	8.39	10.36	8.70	10.58
50	8.60	10.60	8.90	10.82
51	8.82	10.86	9.11	11.07
52	9.06	11.13	9.34	11.33
53	9.30	11.41	9.57	11.60
54	9.56	11.70	9.82	11.89
55	9.83	12.01	10.08	12.19
56	10.12	12.34	10.36	12.50
57	10.43	12.68	10.66	12.84
58	10.76	13.04	10.97	13.19
59	11.12	13.42	11.31	13.56
60	11.50	13.82	11.67	13.95
61	11.91	14.25	12.06	14.36
62	12.35	14.71	12.48	14.80
63	12.83	15.20	12.94	15.28
64	13.34	15.72	13.43	15.78
65	13.60	15.98	13.68	16.03

[redacted]

GROUP ANNUITIES - 1941 RATES

PAST SERVICE BENEFITS - EMPLOYER ONLY RATES
FOR EMPLOYEES UNDER RETIREMENT AGE

Single Stipulated Payment Required to Provide
an Annuity of $1.00 per Month

MALE Annuity to Commence at Normal Retirement Date Based on		Attained Age Nearest Birthday	FEMALE Annuity to Commence at Normal Retirement Date Based on	
Age 60	Age 65		Age 60	Age 65
$62.30	$43.04	15	$77.00	$56.07
63.62	43.95	16	78.64	57.26
64.98	44.89	17	80.31	58.48
66.36	45.84	18	82.02	59.73
67.78	46.82	19	83.77	61.00
69.22	47.82	20	85.55	62.30
70.70	48.84	21	87.37	63.62
72.21	49.88	22	89.23	64.98
73.75	50.95	23	91.13	66.36
75.33	52.04	24	93.07	67.78
76.95	53.16	25	95.06	69.22
78.61	54.30	26	97.08	70.70
80.30	55.47	27	99.16	72.21
82.04	56.68	28	101.28	73.75
83.83	57.91	29	103.46	75.33
85.66	59.18	30	105.67	76.95
87.54	60.48	31	107.94	78.61
89.48	61.81	32	110.28	80.30
91.47	63.19	33	112.67	82.04
93.52	64.61	34	115.12	83.83
95.64	66.07	35	117.63	85.66
97.82	67.58	36	120.22	87.54
100.08	69.13	37	122.88	89.48
102.41	70.74	38	125.61	91.47
104.82	72.41	39	128.43	93.52
107.32	74.14	40	131.33	95.64
109.91	75.93	41	134.33	97.82
112.60	77.78	42	137.43	100.08
115.39	79.71	43	140.63	102.41
118.30	81.72	44	143.94	104.82
121.33	83.81	45	147.37	107.32
124.49	86.00	46	150.93	109.91
127.79	88.28	47	154.62	112.60
131.25	90.67	48	158.46	115.39
134.87	93.17	49	162.45	118.30
138.67	95.80	50	166.61	121.33
142.68	98.56	51	170.96	124.49
146.90	101.48	52	175.49	127.79
151.35	104.55	53	180.23	131.25
156.06	107.81	54	185.21	134.87
161.06	111.26	55	190.43	138.67
166.37	114.93	56	195.93	142.68
172.03	118.84	57	201.72	146.90
178.07	123.02	58	207.84	151.35
184.54	127.49	59	214.31	156.06
191.49	132.28	60	221.17	161.06
	137.45	61		166.37
	143.02	62		172.03
	149.06	63		178.07
	155.61	64		184.54
	162.75	65		191.49



GROUP ANNUITIES - 1941 RATES

PAST SERVICE BENEFITS - EMPLOYER ONLY RATES

FOR EMPLOYEES AT OR OVER RETIREMENT AGE

Single Stipulated Payment Required to Provide an Annuity of $1.00 per Month, First Payment on Date of Purchase

Attained Age Nearest Birthday	Male	Female
50	$251.18	$280.94
51	245.18	275.03
52	239.18	269.10
53	233.17	263.14
54	227.17	257.17
55	221.17	251.18
56	215.19	245.18
57	209.23	239.18
58	203.29	233.17
59	197.37	227.17
60	191.49	221.17
61	185.64	215.19
62	179.84	209.23
63	174.09	203.29
64	168.39	197.37
65	162.75	191.49
66	157.17	185.64
67	151.66	179.84
68	146.23	174.09
69	140.87	168.39
70	135.60	162.75
71	130.41	157.17
72	125.32	151.66
73	120.32	146.23
74	115.42	140.87
75	110.63	135.60
76	105.94	130.41
77	101.37	125.32
78	96.91	120.32
79	92.56	115.42
80	88.33	110.63
81	84.23	105.94
82	80.24	101.37
83	76.38	96.91
84	72.64	92.56
85 and over	69.03	88.33

GROUP ANNUITIES - 1941 RATES

CURRENT SERVICE BENEFITS PROVIDED BY EMPLOYEE CONTRIBUTIONS WITHOUT-INTEREST BASIS

Amount of Monthly Annuity Provided by 12 Monthly Stipulated Payments of $10.00 Each

MALE Annuity to Commence at Normal Retirement Date Based on		Attained Age Nearest Birthday	FEMALE Annuity to Commence at Normal Retirement Date Based on	
Age 60	Age 65		Age 60	Age 65
$1.63	$2.28	15	$1.37	$1.84
1.60	2.23	16	1.34	1.80
1.56	2.17	17	1.31	1.75
1.52	2.12	18	1.28	1.71
1.49	2.07	19	1.25	1.67
1.45	2.02	20	1.23	1.63
1.42	1.97	21	1.20	1.60
1.38	1.92	22	1.17	1.56
1.35	1.87	23	1.14	1.52
1.32	1.82	24	1.12	1.49
1.28	1.78	25	1.09	1.45
1.25	1.73	26	1.07	1.42
1.22	1.69	27	1.04	1.38
1.19	1.64	28	1.02	1.35
1.16	1.60	29	.99	1.32
1.13	1.56	30	.97	1.28
1.10	1.52	31	.95	1.25
1.08	1.48	32	.92	1.22
1.05	1.44	33	.90	1.19
1.02	1.40	34	.88	1.16
1.00	1.36	35	.86	1.13
.97	1.33	36	.84	1.10
.94	1.29	37	.82	1.08
.92	1.26	38	.80	1.05
.89	1.22	39	.78	1.02
.87	1.18	40	.76	1.00
.85	1.15	41	.74	.97
.82	1.12	42	.72	.94
.80	1.09	43	.70	.92
.78	1.05	44	.68	.89
.76	1.02	45	.66	.87
.73	.99	46	.65	.85
.71	.96	47	.63	.82
.69	.93	48	.61	.80
.67	.90	49	.60	.78
.65	.88	50	.58	.76
.63	.85	51	.56	.73
.61	.82	52	.55	.71
.59	.79	53	.53	.69
.57	.77	54	.52	.67
.55	.74	55	.50	.65
.54	.72	56	.49	.63
.52	.69	57	.47	.61
.50	.67	58	.46	.59
.48	.64	59	.44	.57
.47	.62	60	.43	.56
	.60	61		.54
	.57	62		.52
	.55	63		.50
	.53	64		.48
	.52	65		.47

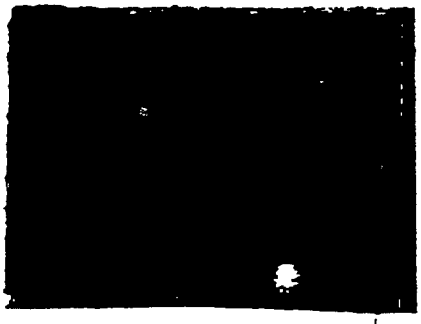


GROUP ANNUITIES - 1941 RATES

CURRENT SERVICE BENEFITS PROVIDED BY EMPLOYEE CONTRIBUTIONS WITH-INTEREST BASIS

Amount of Monthly Annuity Provided by 12 Monthly Stipulated Payments of $10.00 Each

MALE Annuity to Commence at Normal Retirement Date Based on		Attained Age Nearest Birthday	FEMALE Annuity to Commence at Normal Retirement Date Based on	
Age 60	Age 65		Age 60	Age 65
$1.08	$1.24	15	$1.02	$1.19
1.06	1.21	16	1.00	1.17
1.04	1.19	17	.98	1.15
1.02	1.17	18	.96	1.12
1.00	1.15	19	.94	1.10
.98	1.12	20	.92	1.08
.96	1.10	21	.90	1.06
.94	1.08	22	.89	1.04
.93	1.06	23	.87	1.02
.91	1.04	24	.85	1.00
.89	1.02	25	.84	.98
.87	1.00	26	.82	.96
.86	.98	27	.80	.94
.84	.96	28	.79	.93
.82	.95	29	.77	.91
.81	.93	30	.76	.89
.79	.91	31	.74	.87
.78	.89	32	.73	.86
.76	.88	33	.71	.84
.75	.86	34	.70	.82
.73	.84	35	.69	.81
.72	.83	36	.67	.79
.71	.81	37	.66	.78
.69	.80	38	.65	.76
.68	.78	39	.64	.75
.67	.77	40	.62	.73
.65	.76	41	.61	.72
.64	.74	42	.60	.71
.63	.73	43	.59	.69
.62	.72	44	.58	.68
.61	.70	45	.57	.67
.60	.69	46	.56	.65
.59	.68	47	.55	.64
.58	.67	48	.54	.63
.56	.66	49	.53	.62
.55	.64	50	.52	.61
.54	.63	51	.51	.60
.54	.62	52	.50	.59
.53	.61	53	.49	.58
.52	.60	54	.48	.56
.51	.59	55	.47	.55
.50	.58	56	.46	.54
.49	.57	57	.45	.54
.48	.57	58	.44	.53
.47	.56	59	.44	.52
.47	.55	60	.43	.51
	.54	61		.50
	.53	62		.49
	.52	63		.48
	.52	64		.47
	.51	65		.47



GROUP ANNUITIES - 1941 RATES

OPTION FACTORS FOR RETIREMENT
PRIOR TO NORMAL RETIREMENT AGE

Minimum Percentage to be Applied
to Retirement Annuity Purchased
up to Optional Retirement Date

MALE Normal Retirement Age		Number of Years Optional Retirement Date is prior to Normal Retirement Date	FEMALE Normal Retirement Age	
60	65		60	65
50.3%	44.5%	10	55.2%	50.3%
53.4	47.7	9	58.2	53.4
56.8	51.2	8	61.4	56.8
60.5	55.2	7	64.9	60.5
64.6	59.5	6	68.7	64.6
69.1	64.4	5	72.8	69.1
74.0	69.9	4	77.3	74.0
79.5	76.1	3	82.2	79.5
85.6	83.1	2	87.6	85.6
92.4	91.0	1	93.5	92.4

The factors shown will be very slightly increased if the amount of the employee's death benefit immediately prior to optional retirement date exceeds the amount of the annual rate of unmodified Retirement Annuity otherwise payable at normal retirement date.

GROUP ANNUITIES - 1941 RATES

OPTION FACTORS FOR DEPENDENT'S OPTION PROVISION

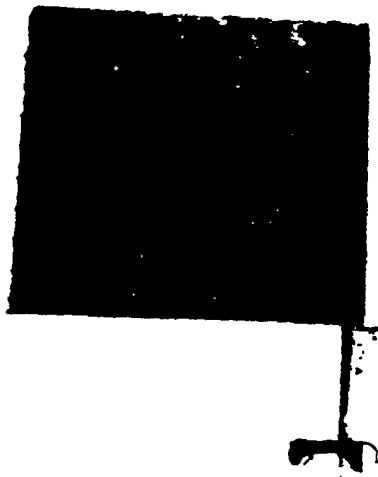
Plans offer an option for an employee to receive, upon retirement, a reduced amount of Retirement Annuity with the understanding that that amount, or a specified smaller part thereof, will be continued to a designated dependent if the dependent survive the employee. This option may be elected without medical examination any time before five years prior to normal or earlier optional retirement date or within three months of the effective date of the Plan. The reduced amount of Retirement Annuity commencing on the normal retirement date, payable to an employee who has requested to have the same reduced amount of Retirement Annuity continued after his death to a designated dependent, shall be the amount of the Retirement Annuity otherwise payable to such employee, multiplied by the appropriate percentage as set forth in the following schedule:

If Normal Retirement Date Is Based on Age 65

Age (Nearest Birthday) of Employee's Dependent on Employee's Normal Retirement Date		60	61	62	63	64	65	66	67	68
Percentage Applicable for Male Employees	Male Dependent	71.3%	72.5	73.7	74.9	76.1	77.3	78.4	79.5	80.7
	Female Dependent	65.9%	66.7	67.8	69.0	70.1	71.3	72.5	73.7	74.9
Percentage Applicable for Female Employees	Male Dependent	78.9%	79.9	80.9	81.9	82.9	83.9	84.8	85.7	86.5
	Female Dependent	73.6%	74.7	75.7	76.8	77.8	78.9	79.9	80.9	81.9

If Normal Retirement Date Is Based on Age 60

Age (Nearest Birthday) of Employee's Dependent on Employee's Normal Retirement Date		55	56	57	58	59	60	61	62	63
Percentage Applicable for Male Employees	Male Dependent	73.6%	74.7	75.7	76.8	77.8	78.9	79.9	80.9	81.9
	Female Dependent	68.4%	69.4	70.5	71.5	72.6	73.6	74.7	75.7	76.8
Percentage Applicable for Female Employees	Male Dependent	80.5%	81.4	82.3	83.2	84.1	85.0	85.8	86.6	87.4
	Female Dependent	75.8%	76.7	77.7	78.6	79.6	80.5	81.4	82.3	83.2



INDIVIDUAL LIFE ANNUITIES

NON-PARTICIPATING — NO REFUND AT DEATH

$1,000 WILL PURCHASE				AGE LAST BIRTHDAY		PURCHASE PRICE PER ANNUITY OF			
ANN.	SURV.	GUAR.	PD.	MALE	FEMALE	$100 ANN.	$50 SURV.	$50 GUAR.	$10 PD.
[illegible]									

Rates at ages younger than shown will be furnished on request. Not issued if annuitant is over the age of 85 years and 3 months. Under age 85 a one month allowance will be made for each three months of age attained since last birthday. See Ordinary Rate Book, Form 941-ORB., for descriptions and limits of annuity options.

The first annuity payment will be one year, six months, three months, or one month from date of contract, depending upon whether the annuity is payable annually, semi-annually, quarterly, or monthly.

Use the current edition of Application Form 1338. No medical examination required. Proof of age must be furnished. (See instructions on back of application.)

6-54-40M

(Page 8A)