# Southwest Service Life Insurance Company

(A Stipulated Premium Co.)
Fort Worth, TX 76180

# The Freedom of Choice Preferred Plus Health Plan SD21 Rates For Specified Diseases and Accidental Injury Policy

**First Premium Payment:** Collect one-time $25.00 Initial Application Fee to be paid in addition to Mode Premium. Initial premiums are based on age at last birthday of applicant. Family rate includes parent[s] and up to four eligible family members under age 26 and based on oldest family member.

**Pays Daily Hospital Benefit / ICU + Medical Benefits – In-Hospital & Out Patient Surgery**
**Plus Outpatient Physicians Calls**

| Coinsurance Plan | 60% | | 70% | | 80% | |
|---|---|---|---|---|---|---|
| Decreasing & Vanishing Deductible | $100/$0 | | $200/$100/$0 | | $400/$200/$0 | |
| Increasing First Day Admission Benefits and Daily Hospital Benefits Plus ICU Benefits | **Daily Hospital Benefit**<br>1st year $1,300<br>2nd year $1,600<br>3rd year $1,900<br>**1st Day Admission Benefit**<br>1st year $650<br>2nd year $800<br>3rd year $950<br>**Daily ICU Benefit $500** | | **Daily Hospital Benefit**<br>1st year $1,800<br>2nd year $2,100<br>3rd year $2,400<br>**1st Day Admission Benefit**<br>1st year $900<br>2nd year $1,050<br>3rd year $1,200<br>**Daily ICU Benefit $500** | | **Daily Hospital Benefit**<br>1st year $2,300<br>2nd year $2,600<br>3rd year $2,900<br>**1st Day Admission Benefit**<br>1st year $1,150<br>2nd year $1,300<br>3rd year $1,450<br>**Daily ICU Benefit $500** | |
| *Ages* | *Monthly* | *M.B.D.* | *Monthly* | *M.B.D.* | *Monthly* | *M.B.D.* |
| **0-26** | | | | | | |
| Dependent Child | 74 | 67 | 87 | 79 | 97 | 89 |
| **19-30** | | | | | | |
| Individual | 146 | 132 | 174 | 156 | 194 | 175 |
| Husband & Wife | 279 | 251 | 330 | 297 | 369 | 332 |
| Family Group | 353 | 318 | 418 | 376 | 465 | 420 |
| **31-45** | | | | | | |
| Individual | 199 | 178 | 237 | 213 | 264 | 237 |
| Husband & Wife | 378 | 340 | 449 | 405 | 500 | 449 |
| Family Group | 450 | 405 | 536 | 483 | 597 | 537 |
| **46-55** | | | | | | |
| Individual | 244 | 219 | 289 | 260 | 321 | 290 |
| Husband & Wife | 462 | 418 | 549 | 494 | 613 | 551 |
| Family Group | 536 | 483 | 636 | 573 | 710 | 639 |
| **56-64** | | | | | | |
| Individual | 266 | 239 | 317 | 286 | 353 | 318 |
| Husband & Wife | 507 | 456 | 603 | 543 | 672 | 604 |
| Family Group | 579 | 523 | 689 | 620 | 770 | 692 |

## 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 | $166.01 | $92.23 | $34.16 | $32.45 | $32.45 |
| Family Group | $332.02 | $184.46 | $68.32 | $64.90 | 64.90 |

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# 10 Year Term Life

## SOUTHWEST SERVICE LIFE INSURANCE COMPANY

Issue Amounts up to $25,000 - Issue Ages 18 to 65 - Policy Form 3 SWLT-10

**Policy Fee: Annually $25.00, Semi-Annually $13.00, Quarterly $6.63, Monthly $2.50, Monthly Bank Draft $2.25**

Premium Rates for SWLT-10

**MALE NON-TOBACCO USER**

Rates per $1,000 Face Amount

| AGE | ANNUAL | MO | MBD |
|---|---|---|---|
| 18-30 | 4.40 | 0.44 | 0.40 |
| 31 | 4.41 | 0.44 | 0.40 |
| 32 | 4.43 | 0.44 | 0.40 |
| 33 | 4.45 | 0.45 | 0.40 |
| 34 | 4.47 | 0.45 | 0.40 |
| 35 | 4.50 | 0.45 | 0.41 |
| 36 | 4.66 | 0.47 | 0.42 |
| 37 | 4.84 | 0.48 | 0.44 |
| 38 | 5.02 | 0.50 | 0.45 |
| 39 | 5.21 | 0.52 | 0.47 |
| 40 | 5.40 | 0.54 | 0.49 |
| 41 | 5.67 | 0.57 | 0.51 |
| 42 | 5.97 | 0.60 | 0.54 |
| 43 | 6.29 | 0.63 | 0.57 |
| 44 | 6.63 | 0.66 | 0.60 |
| 45 | 7.00 | 0.70 | 0.63 |
| 46 | 7.50 | 0.75 | 0.68 |
| 47 | 8.02 | 0.80 | 0.72 |
| 48 | 8.57 | 0.86 | 0.77 |
| 49 | 9.14 | 0.91 | 0.82 |
| 50 | 9.75 | 0.98 | 0.88 |
| 51 | 10.76 | 1.08 | 0.97 |
| 52 | 11.82 | 1.18 | 1.06 |
| 53 | 12.92 | 1.29 | 1.16 |
| 54 | 14.07 | 1.41 | 1.27 |
| 55 | 15.25 | 1.53 | 1.37 |
| 56 | 16.58 | 1.66 | 1.49 |
| 57 | 17.98 | 1.80 | 1.62 |
| 58 | 19.45 | 1.95 | 1.75 |
| 59 | 20.99 | 2.10 | 1.89 |
| 60 | 22.60 | 2.26 | 2.03 |
| 61 | 23.30 | 2.33 | 2.10 |
| 62 | 24.14 | 2.41 | 2.17 |
| 63 | 25.11 | 2.51 | 2.26 |
| 64 | 26.22 | 2.62 | 2.36 |
| 65 | 27.50 | 2.75 | 2.48 |

Premium Rates for SWLT-10

**FEMALE NON-TOBACCO USER**

Rates per $1,000 Face Amount

| AGE | ANNUAL | MO | MBD |
|---|---|---|---|
| 18 - 30 | 3.80 | 0.38 | 0.34 |
| 31 | 3.85 | 0.39 | 0.35 |
| 32 | 3.90 | 0.39 | 0.35 |
| 33 | 3.96 | 0.40 | 0.36 |
| 34 | 4.03 | 0.40 | 0.36 |
| 35 | 4.07 | 0.41 | 0.37 |
| 36 | 4.22 | 0.42 | 0.38 |
| 37 | 4.38 | 0.44 | 0.39 |
| 38 | 4.53 | 0.45 | 0.41 |
| 39 | 4.68 | 0.47 | 0.42 |
| 40 | 4.82 | 0.48 | 0.43 |
| 41 | 5.03 | 0.50 | 0.45 |
| 42 | 5.24 | 0.52 | 0.47 |
| 43 | 5.46 | 0.55 | 0.49 |
| 44 | 5.68 | 0.57 | 0.51 |
| 45 | 5.92 | 0.59 | 0.53 |
| 46 | 6.16 | 0.62 | 0.55 |
| 47 | 6.40 | 0.64 | 0.58 |
| 48 | 6.65 | 0.67 | 0.60 |
| 49 | 6.89 | 0.69 | 0.62 |
| 50 | 7.12 | 0.71 | 0.64 |
| 51 | 7.42 | 0.74 | 0.67 |
| 52 | 7.73 | 0.77 | 0.70 |
| 53 | 8.05 | 0.81 | 0.72 |
| 54 | 8.40 | 0.84 | 0.76 |
| 55 | 8.79 | 0.88 | 0.79 |
| 56 | 9.44 | 0.94 | 0.85 |
| 57 | 10.13 | 1.01 | 0.91 |
| 58 | 10.86 | 1.09 | 0.98 |
| 59 | 11.66 | 1.17 | 1.05 |
| 60 | 12.50 | 1.25 | 1.13 |
| 61 | 13.26 | 1.33 | 1.19 |
| 62 | 14.10 | 1.41 | 1.27 |
| 63 | 15.07 | 1.51 | 1.36 |
| 64 | 16.14 | 1.61 | 1.45 |
| 65 | 17.32 | 1.73 | 1.56 |

Premium Rates for SWLT-10

**MALE TOBACCO USER**

Rates per $1,000 Face Amount

| AGE | ANNUAL | MO | MBD |
|---|---|---|---|
| 18 - 30 | 5.25 | 0.53 | 0.47 |
| 31 | 5.25 | 0.53 | 0.47 |
| 32 | 5.47 | 0.55 | 0.49 |
| 33 | 5.61 | 0.56 | 0.50 |
| 34 | 5.75 | 0.58 | 0.52 |
| 35 | 5.90 | 0.59 | 0.53 |
| 36 | 6.38 | 0.64 | 0.57 |
| 37 | 6.89 | 0.69 | 0.62 |
| 38 | 7.41 | 0.74 | 0.67 |
| 39 | 7.95 | 0.80 | 0.72 |
| 40 | 8.50 | 0.85 | 0.77 |
| 41 | 9.32 | 0.93 | 0.84 |
| 42 | 10.17 | 1.02 | 0.92 |
| 43 | 11.06 | 1.11 | 1.00 |
| 44 | 12.01 | 1.20 | 1.08 |
| 45 | 13.00 | 1.30 | 1.17 |
| 46 | 14.22 | 1.42 | 1.28 |
| 47 | 15.48 | 1.55 | 1.39 |
| 48 | 16.78 | 1.68 | 1.51 |
| 49 | 18.12 | 1.81 | 1.63 |
| 50 | 19.50 | 1.95 | 1.76 |
| 51 | 21.27 | 2.13 | 1.91 |
| 52 | 23.09 | 2.31 | 2.08 |
| 53 | 24.97 | 2.50 | 2.25 |
| 54 | 26.90 | 2.69 | 2.42 |
| 55 | 28.90 | 2.89 | 2.60 |
| 56 | 31.01 | 3.10 | 2.79 |
| 57 | 33.17 | 3.32 | 2.99 |
| 58 | 35.39 | 3.54 | 3.19 |
| 59 | 37.67 | 3.77 | 3.39 |
| 60 | 40.00 | 4.00 | 3.60 |
| 61 | 41.24 | 4.12 | 3.71 |
| 62 | 42.65 | 4.27 | 3.84 |
| 63 | 44.25 | 4.43 | 3.98 |
| 64 | 46.03 | 4.60 | 4.14 |
| 65 | 48.00 | 4.80 | 4.32 |

Premium Rates for SWLT-10

**FEMALE TOBACCO USER**

Rates per $1,000 Face Amount

| AGE | ANNUAL | MO | MBD |
|---|---|---|---|
| 18 - 30 | 4.63 | 0.46 | 0.42 |
| 31 | 4.74 | 0.47 | 0.43 |
| 32 | 4.88 | 0.49 | 0.44 |
| 33 | 5.02 | 0.50 | 0.45 |
| 34 | 5.18 | 0.52 | 0.47 |
| 35 | 5.34 | 0.53 | 0.48 |
| 36 | 5.67 | 0.57 | 0.51 |
| 37 | 6.02 | 0.60 | 0.54 |
| 38 | 6.36 | 0.64 | 0.57 |
| 39 | 6.71 | 0.67 | 0.60 |
| 40 | 7.05 | 0.71 | 0.63 |
| 41 | 7.52 | 0.75 | 0.68 |
| 42 | 7.98 | 0.80 | 0.72 |
| 43 | 8.45 | 0.85 | 0.76 |
| 44 | 8.95 | 0.90 | 0.81 |
| 45 | 9.47 | 0.95 | 0.85 |
| 46 | 9.98 | 1.00 | 0.90 |
| 47 | 10.50 | 1.05 | 0.95 |
| 48 | 11.02 | 1.10 | 0.99 |
| 49 | 11.53 | 1.15 | 1.04 |
| 50 | 12.00 | 1.20 | 1.08 |
| 51 | 12.97 | 1.30 | 1.17 |
| 52 | 13.93 | 1.39 | 1.25 |
| 53 | 14.91 | 1.49 | 1.34 |
| 54 | 15.95 | 1.60 | 1.44 |
| 55 | 17.00 | 1.70 | 1.53 |
| 56 | 18.02 | 1.80 | 1.62 |
| 57 | 19.06 | 1.91 | 1.72 |
| 58 | 20.15 | 2.02 | 1.81 |
| 59 | 21.31 | 2.13 | 1.92 |
| 60 | 22.50 | 2.25 | 2.03 |
| 61 | 23.14 | 2.31 | 2.08 |
| 62 | 23.87 | 2.39 | 2.15 |
| 63 | 24.76 | 2.48 | 2.23 |
| 64 | 25.82 | 2.58 | 2.32 |
| 65 | 27.00 | 2.70 | 2.43 |

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

## RATES
## INDIVIDUAL LUMP-SUM COVERAGE FOR CRITICAL ILLNESSES
## FORM CRLS-21

| | Plan A-$25,000 Maximum Lifetime Benefit per Insured Person | | Plan B-$12,500 Maximum Lifetime Benefit per Insured Person | |
|---|---|---|---|---|
| Age of Oldest Insured Person at Application | Monthly Bank Draft Per Insured Person | Monthly Direct Per Insured Person | Monthly Bank Draft Per Insured Person | Monthly Direct Per Insured Person |
| 18-34 | $18.00 | $19.62 | $10.00 | $10.90 |
| 35-44 | $33.00 | $35.97 | $18.00 | $19.62 |
| 45-54 | $60.00 | $65.40 | $31.00 | $33.79 |
| 55-59 | $94.00 | $102.46 | $49.00 | $53.41 |

**Under either plan, the initial Maximum Lifetime Benefit for a covered spouse shall be the same as that of the Primary Insured**

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