These rates are effective January 1, 2022 but do not reflect any contributions to the Cash Accumulation Fund. Rates are subject to change but will not exceed the guaranteed cost of insurance shown in your Certificate. Your premium will be adjusted January 1st of each year based on your age as of that date. If you terminate employment, your rates will increase as a result of the claim experience of the group to which you would then belong, that is, insureds who keep their GUL coverage after they are no longer eligible for payroll deductions.

Use this chart to determine the cost of insurance coverage only. To determine the cost of coverage, find your age or your spouse’s age in the left column of the chart below, then read across to find either the Monthly, Semi-Monthly (24 week), or Bi-Weekly (26 week) cost of insurance for each $1,000 of coverage. Use the Calculation Chart on the next page to complete the calculation.

<table>
<thead>
<tr>
<th>Age as of January 1st</th>
<th>Monthly Cost of Insurance (Rate per $1,000)</th>
<th>Semi-Monthly (24 week) Cost of Insurance (Rate per $1,000)</th>
<th>Bi-weekly (26 week) Cost of Insurance (Rate per $1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>16-34</td>
<td>$0.044</td>
<td>$0.0220</td>
<td>$0.0203</td>
</tr>
<tr>
<td>35-39</td>
<td>0.063</td>
<td>0.0315</td>
<td>0.0291</td>
</tr>
<tr>
<td>40-44</td>
<td>0.077</td>
<td>0.0385</td>
<td>0.0355</td>
</tr>
<tr>
<td>45-49</td>
<td>0.123</td>
<td>0.0615</td>
<td>0.0568</td>
</tr>
<tr>
<td>50-54</td>
<td>0.182</td>
<td>0.0910</td>
<td>0.0840</td>
</tr>
<tr>
<td>55-59</td>
<td>0.320</td>
<td>0.1600</td>
<td>0.1477</td>
</tr>
<tr>
<td>60-64</td>
<td>0.352</td>
<td>0.1760</td>
<td>0.1625</td>
</tr>
<tr>
<td>65-69</td>
<td>0.458</td>
<td>0.2290</td>
<td>0.2114</td>
</tr>
<tr>
<td>70-74</td>
<td>0.643</td>
<td>0.3215</td>
<td>0.2968</td>
</tr>
<tr>
<td>75-79</td>
<td>0.751</td>
<td>0.3755</td>
<td>0.3466</td>
</tr>
<tr>
<td>80-84</td>
<td>0.887</td>
<td>0.4435</td>
<td>0.4094</td>
</tr>
<tr>
<td>85-89</td>
<td>1.870</td>
<td>0.9350</td>
<td>0.8631</td>
</tr>
<tr>
<td>90-94</td>
<td>2.970</td>
<td>1.4850</td>
<td>1.3708</td>
</tr>
<tr>
<td>95-99</td>
<td>4.390</td>
<td>2.1950</td>
<td>2.0262</td>
</tr>
</tbody>
</table>

Dependent Children-Term Rider

The cost shown is per $2,000 of coverage, regardless of the number of children covered.

**Coverage options** are:

- $2,000, $4,000, $6,000, $8,000, $10,000, $12,000, $14,000, $16,000, $18,000, $20,000

<table>
<thead>
<tr>
<th>Monthly cost:</th>
<th>Semi-Monthly (24 week) cost:</th>
<th>Bi-weekly (26 week) cost:</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0.42 per $2,000 of coverage</td>
<td>$0.210 per $2,000 of coverage</td>
<td>$0.194 per $2,000 of coverage</td>
</tr>
</tbody>
</table>

All rates include a charge of 2% to cover premium tax and other taxes.

Use the Calculation Chart on the next page to determine your monthly cost of insurance:

# Calculation Chart

Find your age/your spouse's age in the left column and read across to find the monthly, semi-monthly, or bi-weekly cost of insurance for each $1,000 of coverage. Then use this calculation to determine your total cost:

**Example (Monthly):**

- **GUL Employee Coverage Amount**
  - $50,000
  - Coverage Units: 50
  - Monthly Rate: $0.077
  - Monthly Cost: $3.85

- **GUL Cash Accumulation Fund Contribution Amount**
  - $25.00
  - Monthly Cost: $25.00

- **Child Coverage Amount**
  - $12,000
  - Coverage Units: 6
  - Monthly Rate: $0.42
  - Monthly Cost: $2.52

**Total Monthly Cost:**

- GUL EE/SP Cost: $3.85
- CAF Contribution: $25.00
- Child Coverage Cost: $2.52

**Total Cost:** $31.37

**Your Calculation:**

- **GUL Employee/Spouse Coverage Amount**
  - $____________
  - Coverage Units: ______
  - Monthly Rate: $______
  - Monthly Cost: $__________

- **GUL Cash Accumulation Fund Contribution Amount**
  - $____________
  - Monthly Cost: $__________

- **Child Coverage Amount**
  - $____________
  - Coverage Units: ______
  - Monthly Rate: $______
  - Monthly Cost: $__________

**Total Monthly Cost:**

- GUL EE/SP Cost: $____________
- CAF Contribution: $____________
- Child Coverage Cost: $____________

**Total Cost:** $__________

For a complete description of GUL options, benefits, and limitations, please refer to the Certificate of Insurance.