

State: Pennsylvania **Filing Company:** Bankers Life and Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: GR-N100 & GR-N105
Project Name/Number: 2017 Legacy Rate Increase/

Filing at a Glance

Company: Bankers Life and Casualty Company
Product Name: GR-N100 & GR-N105
State: Pennsylvania
TOI: LTC03I Individual Long Term Care
Sub-TOI: LTC03I.001 Qualified
Filing Type: Rate - M.U. (Medically underwritten)
Date Submitted: 12/29/2017
SERFF Tr Num: BNLB-131320100
SERFF Status: Assigned
State Tr Num: BNLB-131320100
State Status: Received Review in Progress
Co Tr Num:

Implementation: On Approval
Date Requested:
Author(s): Brian Millsap, Sanja Zehnder, Jody Danna, Christopher Bartley, Jeswin Thomas
Reviewer(s): Jim Laverty (primary)
Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

Proposed 35% increase on 807 PA policyholders of Bankers Life forms GR-N100 & GR-N105.

State: Pennsylvania **Filing Company:** Bankers Life and Casualty Company
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: GR-N100 & GR-N105
Project Name/Number: 2017 Legacy Rate Increase/

General Information

Project Name: 2017 Legacy Rate Increase
Project Number:
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact: 35%

Deemer Date:
Submitted By: Jody Danna

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 09/08/2016
Domicile Status Comments: Illinois is our domicile state.
Market Type: Individual
Individual Market Type:
Filing Status Changed: 12/29/2017
State Status Changed: 12/29/2017
Created By: Jody Danna
Corresponding Filing Tracking Number:
State TOI: LTC03I Individual Long Term Care

Filing Description:

2017 Legacy Block Rate Increase, Policy Forms GR-N100 and GR-N105

Company and Contact

Filing Contact Information

Sanja Zehnder, Managing Actuary
111 E Wacker Dr
Suite 2100
Chicago, IL 60601

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312-396-6051 [Phone]

Filing Company Information

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

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

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

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:

SERFF Tracking #:

BNLB-131320100

State Tracking #:

BNLB-131320100

Company Tracking #:

State:

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

GR-N100 & GR-N105

Project Name/Number:

2017 Legacy Rate Increase/

Rate Information

Rate data applies to filing.

Filing Method:

SERFF

Rate Change Type:

Increase

Overall Percentage of Last Rate Revision:

14.000%

Effective Date of Last Rate Revision:

06/27/2012

Filing Method of Last Filing:

SERFF

SERFF Tracking Number of Last Filing:

BNLB-128205199

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Bankers Life and Casualty Company	35.000%	35.000%	\$581,800	807	\$1,662,287	35.000%	35.000%

SERFF Tracking #:

BNLB-131320100

State Tracking #:

BNLB-131320100

Company Tracking #:**State:**

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

GR-N100 & GR-N105

Project Name/Number:

2017 Legacy Rate Increase/

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		GR-N100_N105_PA.pdf	GR-N100, GR-N105	Revised	Previous State Filing Number: BNLB-128205199 Percent Rate Change Request: 35	GR-N100_N105_PA.pdf,

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N100

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount

Without Increasing Benefit Option

365 Day Benefit Period

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

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

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N100

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount

Without Increasing Benefit Option

730 Day Benefit Period

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

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N100

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount

Without Increasing Benefit Option

1,095 Day Benefit Period

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

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

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N100

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount

Without Increasing Benefit Option

1,825 Day Benefit Period

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

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

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N100

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount

Without Increasing Benefit Option

2,920 Day Benefit Period

Issue Age	Elimination Period				
	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	\$44.29	\$41.34	\$38.39	\$35.44	\$35.44
35-39	50.21	47.25	44.29	41.34	41.34
40-44	59.06	56.11	53.15	50.21	47.25
45-49	76.76	70.85	67.92	64.95	62.02
50	88.57	85.62	79.73	76.76	70.85
51	94.47	88.57	82.66	79.73	73.83
52	100.39	94.47	88.57	85.62	79.73
53	106.29	100.39	94.47	88.57	85.62
54	118.10	109.24	103.34	97.43	94.47
55	126.97	118.10	112.19	106.29	100.39
56	135.81	129.91	121.05	115.16	109.24
57	147.62	138.78	129.91	124.00	118.10
58	159.44	150.58	141.72	135.81	126.97
59	174.20	162.39	153.54	144.68	138.78
60	191.93	180.12	168.30	159.44	150.58
61	203.72	191.93	180.12	171.25	162.39
62	224.38	212.57	197.83	186.02	177.15
63	248.01	233.25	218.48	206.67	194.86
64	277.53	262.78	245.07	233.25	218.48
65	312.96	292.30	274.59	259.82	245.07
66	348.38	324.77	304.11	286.40	271.63
67	386.78	363.16	339.54	321.81	301.14
68	434.03	407.44	380.88	360.19	336.57
69	490.10	457.64	428.11	404.50	377.92
70	546.21	513.73	478.29	451.72	422.21
71	614.10	575.73	537.34	504.87	475.35
72	690.86	646.60	602.30	566.87	531.44
73	761.74	714.49	664.31	625.91	584.58
74	844.40	788.32	735.17	690.86	646.60
75	935.93	873.92	814.87	764.69	714.49
76	1039.26	971.35	903.43	847.35	791.25
77	1148.50	1071.74	997.92	935.93	873.92
78	1260.70	1178.02	1095.36	1027.44	959.55
79	1,387.64	1296.12	1204.59	1127.82	1054.03
80	1,526.40	1,423.08	1322.69	1240.03	1154.40
81	1,676.98	1,564.79	1,452.60	1,361.08	1,266.60
82	1,845.29	1,721.28	1,597.28	1,493.92	1,393.54
83	2,028.32	1,892.51	1,753.74	1,641.55	1,526.40
84	2,232.04	2,081.47	1,927.95	1,803.94	1,676.98

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Policy Form Series GR-N100

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount

Without Increasing Benefit Option

Unlimited Day Benefit Period

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

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

12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount

5% Simple Inflation Option

365 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount

5% Simple Inflation Option

730 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount

5% Simple Inflation Option

1,095 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount

5% Simple Inflation Option

1,825 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount

5% Simple Inflation Option

2,920 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195M

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount

5% Simple Inflation Option

Unlimited Day Benefit Period

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

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

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount

5% Compound Benefit Option

365 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount

5% Compound Benefit Option

730 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount

5% Compound Benefit Option

1,095 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount

5% Compound Benefit Option

1,825 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount

5% Compound Benefit Option

2,920 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12058-PA

BANKERS LIFE AND CASUALTY COMPANY

Chicago, Illinois

Rider Form 195N

Annual Premium Rates* - Male or Female

Per \$10 Daily Nursing Home Benefit Amount

5% Compound Benefit Option

Unlimited Day Benefit Period

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

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

Premiums for Policy Form Series GR-N100 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12058-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
No Inflation Option
365 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
No Inflation Option
730 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
No Inflation Option
1,095 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
No Inflation Option
1,825 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
No Inflation Option
2,920 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
No Inflation Option
Unlimited Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
5% Compound Inflation Only
365 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
5% Compound Inflation Only
730 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
5% Compound Inflation Only
1,095 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
5% Compound Inflation Only
1,825 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
5% Compound Inflation Only
2,920 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
5% Compound Inflation Only
Unlimited Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
No Inflation Option
365 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
No Inflation Option
730 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
No Inflation Option
1,095 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
No Inflation Option
1,825 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
No Inflation Option
2,920 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
No Inflation Option
Unlimited Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
5% Compound Inflation Only
365 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
5% Compound Inflation Only
730 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
5% Compound Inflation Only
1,095 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
5% Compound Inflation Only
1,825 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
5% Compound Inflation Only
2,920 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N100)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount
5% Compound Inflation Only
Unlimited Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series GR-N105
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
Without Increasing Benefit Option
365 Day Benefit Period

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series GR-N105
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
Without Increasing Benefit Option
730 Day Benefit Period

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series GR-N105
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
Without Increasing Benefit Option
1,095 Day Benefit Period

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series GR-N105
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
Without Increasing Benefit Option
1,825 Day Benefit Period

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series GR-N105
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
Without Increasing Benefit Option
2,920 Day Benefit Period

Issue Age	Elimination Period				
	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	\$59.06	\$56.11	\$53.15	\$50.21	\$47.25
35-39	70.85	64.95	62.02	59.06	56.11
40-44	82.66	79.73	73.83	70.85	67.92
45-49	106.29	100.39	94.47	88.57	85.62
50	124.00	115.16	109.24	103.34	97.43
51	126.97	118.10	112.19	106.29	100.39
52	132.87	126.97	118.10	112.19	106.29
53	141.72	135.81	126.97	121.05	115.16
54	153.54	144.68	135.81	129.91	121.05
55	162.39	153.54	144.68	138.78	129.91
56	177.15	165.35	156.49	147.62	141.72
57	188.95	180.12	168.30	159.44	150.58
58	203.72	191.93	180.12	171.25	162.39
59	218.48	203.72	191.93	183.05	171.25
60	233.25	221.44	206.67	194.86	186.02
61	250.97	236.20	221.44	209.63	197.83
62	271.63	256.86	239.15	227.34	212.57
63	298.22	280.49	262.78	248.01	233.25
64	333.63	312.96	292.30	277.53	259.82
65	366.11	345.44	321.81	304.11	286.40
66	404.50	377.92	354.29	333.63	315.93
67	448.77	419.24	392.69	372.01	348.38
68	496.02	463.54	434.03	410.40	383.82
69	555.05	519.63	484.20	457.64	428.11
70	614.10	575.73	537.34	504.87	475.35
71	682.02	640.70	596.39	560.95	525.54
72	758.78	708.59	661.34	622.97	584.58
73	835.54	782.41	729.26	684.96	643.64
74	918.20	859.17	800.12	752.88	702.68
75	1015.63	947.74	882.79	829.64	776.51
76	1116.02	1045.16	971.35	912.30	853.27
77	1231.17	1148.50	1068.78	1003.83	935.93
78	1343.37	1254.80	1166.21	1092.41	1021.53
79	1,470.31	1,372.90	1,275.44	1,195.74	1,116.02
80	1,609.09	1,499.82	1,393.54	1,304.98	1,216.40
81	1,756.70	1,638.60	1,520.51	1,423.08	1,325.65
82	1,922.04	1,792.14	1,662.23	1,555.94	1,449.66
83	2,102.13	1,957.47	1,815.75	1,697.65	1,582.51
84	2,294.04	2,137.56	1,981.08	1,854.12	1,724.21

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series GR-N105
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
Without Increasing Benefit Option
Unlimited Day Benefit Period

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series GR-N105
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
Without Increasing Benefit Option
365 Day Benefit Period

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series GR-N105
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
Without Increasing Benefit Option
730 Day Benefit Period

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series GR-N105
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
Without Increasing Benefit Option
1,095 Day Benefit Period

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series GR-N105
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
Without Increasing Benefit Option
1,825 Day Benefit Period

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series GR-N105
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
Without Increasing Benefit Option
2,920 Day Benefit Period

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series GR-N105
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
Without Increasing Benefit Option
Unlimited Day Benefit Period

Issue Age	Elimination Period				
	0 Day	15 Day	30 Day	60 Day	90 Day
18-34	\$82.66	\$79.73	\$73.83	\$70.85	\$67.92
35-39	94.47	91.53	85.62	82.66	76.76
40-44	115.16	109.24	103.34	97.43	94.47
45-49	147.62	141.72	132.87	126.97	121.05
50	168.30	159.44	150.58	144.68	135.81
51	174.20	165.35	156.49	150.58	141.72
52	183.05	171.25	162.39	156.49	147.62
53	197.83	188.95	177.15	168.30	162.39
54	212.57	200.76	188.95	180.12	171.25
55	227.34	215.53	203.72	194.86	186.02
56	245.07	233.25	218.48	209.63	197.83
57	265.72	250.97	236.20	224.38	212.57
58	283.43	265.72	250.97	239.15	227.34
59	301.14	286.40	268.68	256.86	242.10
60	324.77	307.04	289.35	274.59	259.82
61	348.38	330.67	310.03	295.25	280.49
62	372.01	351.35	330.67	315.93	298.22
63	407.44	383.82	360.19	342.48	324.77
64	442.85	419.24	392.69	372.01	354.29
65	487.16	460.58	431.06	410.40	386.78
66	531.44	501.92	469.45	445.82	419.24
67	578.68	546.21	510.79	484.20	457.64
68	640.70	602.30	563.92	534.40	504.87
69	705.63	661.34	620.01	587.53	552.12
70	776.51	729.26	682.02	646.60	608.20
71	853.27	800.12	749.93	708.59	667.24
72	941.83	882.79	826.67	782.41	735.17
73	1027.44	962.50	900.50	850.30	800.12
74	1121.93	1051.06	983.16	927.06	870.98
75	1225.27	1148.50	1071.74	1009.72	947.74
76	1337.46	1251.83	1169.15	1101.26	1033.34
77	1,458.50	1,366.98	1,275.44	1,201.65	1,124.89
78	1,582.51	1,482.11	1,381.73	1,302.02	1,219.36
79	1,715.38	1,606.11	1,496.89	1,408.31	1,319.75
80	1,860.03	1,738.98	1,620.89	1,523.45	1,426.03
81	2,016.51	1,886.61	1,756.70	1,653.36	1,544.13
82	2,187.76	2,046.05	1,904.32	1,789.17	1,674.04
83	2,373.75	2,217.28	2,063.76	1,939.76	1,812.79
84	2,571.56	2,403.28	2,234.99	2,099.18	1,960.40

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195M
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
5% Equal Increases Benefit Option
365 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195M
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
5% Equal Increases Benefit Option
730 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195M
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
5% Equal Increases Benefit Option
1,095 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195M
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
5% Equal Increases Benefit Option
1,825 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195M
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
5% Equal Increases Benefit Option
2,920 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195M
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
5% Equal Increases Benefit Option
Unlimited Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195N
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
5% Compound Benefit Option
365 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195N
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
5% Compound Benefit Option
730 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195N
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
5% Compound Benefit Option
1,095 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195N
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
5% Compound Benefit Option
1,825 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195N
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
5% Compound Benefit Option
2,920 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195N
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
5% Compound Benefit Option
Unlimited Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195M
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
5% Equal Increases Benefit Option
365 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195M
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
5% Equal Increases Benefit Option
730 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195M
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
5% Equal Increases Benefit Option
1,095 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195M
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
5% Equal Increases Benefit Option
1,825 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195M
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
5% Equal Increases Benefit Option
2,920 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195M
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
5% Equal Increases Benefit Option
Unlimited Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195N
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
5% Compound Benefit Option
365 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195N
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
5% Compound Benefit Option
730 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195N
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
5% Compound Benefit Option
1,095 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195N
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
5% Compound Benefit Option
1,825 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195N
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
5% Compound Benefit Option
2,920 Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Rider Form 195N
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
5% Compound Benefit Option
Unlimited Day Benefit Period

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

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

Premiums for Policy Form Series GR-N105 are level and assigned according to age at issue. If Spousal Discount Rider 1999 is attached, multiply the rate shown above by .85. *To determine the P.P.S.P., Monthly, Quarterly, and Semi-Annual rates, multiply the annual rate as given above for the Chosen Daily Benefit Amount, by the appropriate factors: .08583 for Monthly Bank Draft/Payroll Deduction, .09167 for Renewal Direct Bill, .2625 for Quarterly, .515 for Semi-Annual.
12059-PA

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
Without Increasing Benefit Option
365 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
Without Increasing Benefit Option
730 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
Without Increasing Benefit Option
1,095 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
Without Increasing Benefit Option
1,825 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
Without Increasing Benefit Option
2,920 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
Without Increasing Benefit Option
Unlimited Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
With 5% Compound Benefit Option
365 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
With 5% Compound Benefit Option
730 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
With 5% Compound Benefit Option
1,095 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
With 5% Compound Benefit Option
1,825 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
With 5% Compound Benefit Option
2,920 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
With 5% Compound Benefit Option
Unlimited Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
Without Increasing Benefit Option
365 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
Without Increasing Benefit Option
730 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
Without Increasing Benefit Option
1,095 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
Without Increasing Benefit Option
1,825 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
Without Increasing Benefit Option
2,920 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
Without Increasing Benefit Option
Unlimited Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
With 5% Compound Benefit Option
365 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
With 5% Compound Benefit Option
730 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
With 5% Compound Benefit Option
1,095 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
With 5% Compound Benefit Option
1,825 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
With 5% Compound Benefit Option
2,920 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 187R (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
With 5% Compound Benefit Option
Unlimited Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
Without Increasing Benefit Option
365 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
Without Increasing Benefit Option
730 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
Without Increasing Benefit Option
1,095 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
Without Increasing Benefit Option
1,825 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
Without Increasing Benefit Option
2,920 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
Without Increasing Benefit Option
Unlimited Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
With 5% Compound Benefit Option
365 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
With 5% Compound Benefit Option
730 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
With 5% Compound Benefit Option
1,095 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
With 5% Compound Benefit Option
1,825 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
With 5% Compound Benefit Option
2,920 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 50% Home Health Care Option
With 5% Compound Benefit Option
Unlimited Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
Without Increasing Benefit Option
365 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
Without Increasing Benefit Option
730 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
Without Increasing Benefit Option
1,095 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
Without Increasing Benefit Option
1,825 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
Without Increasing Benefit Option
2,920 Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
Without Increasing Benefit Option
Unlimited Day Benefit Period

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
With 5% Compound Benefit Option
365 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
With 5% Compound Benefit Option
730 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
With 5% Compound Benefit Option
1,095 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
With 5% Compound Benefit Option
1,825 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
With 5% Compound Benefit Option
2,920 Day Benefit Period

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

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

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

BANKERS LIFE AND CASUALTY COMPANY
Chicago, Illinois
Policy Form Series 206A (When attached to Base Policy GR-N105)
Annual Premium Rates* - Male or Female
Per \$10 Daily Nursing Home Benefit Amount & 100% Home Health Care Option
With 5% Compound Benefit Option
Unlimited Day Benefit Period

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

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

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

SERFF Tracking #:

BNLB-131320100

State Tracking #:

BNLB-131320100

Company Tracking #:**State:**

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

GR-N100 & GR-N105

Project Name/Number:

2017 Legacy Rate Increase/

Supporting Document Schedules

Satisfied - Item:	Transmittal Letter (A&H)
Comments:	
Attachment(s):	PA Transmittal Form_N100.pdf
Item Status:	
Status Date:	

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

Satisfied - Item:	Actuarial Memorandum and Explanatory Information (A&H)
Comments:	
Attachment(s):	PA Memo - N100.pdf
Item Status:	
Status Date:	

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

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

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

SERFF Tracking #:

BNLB-131320100

State Tracking #:

BNLB-131320100

Company Tracking #:**State:**

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

GR-N100 & GR-N105

Project Name/Number:

2017 Legacy Rate Increase/

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

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

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

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

Satisfied - Item:	Rate History
Comments:	
Attachment(s):	Rate Increase History for Filing - Legacy 20171228.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Cover Letter
Comments:	
Attachment(s):	PA Cover Letter - N100.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Excel Versions of Exhibit I
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SERFF Tracking #:

BNLB-131320100

State Tracking #:

BNLB-131320100

Company Tracking #:

State:

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

GR-N100 & GR-N105

Project Name/Number:

2017 Legacy Rate Increase/

Comments:	
Attachment(s):	Exhibit I - N100.xlsx
Item Status:	
Status Date:	

SERFF Tracking #:

BNLB-131320100

State Tracking #:

BNLB-131320100

Company Tracking #:

State:

Pennsylvania

Filing Company:

Bankers Life and Casualty Company

TOI/Sub-TOI:

LTC03I Individual Long Term Care/LTC03I.001 Qualified

Product Name:

GR-N100 & GR-N105

Project Name/Number:

2017 Legacy Rate Increase/

Attachment Exhibit I - N100.xlsx is not a PDF document and cannot be reproduced here.

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Pennsylvania
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2.	Department Use Only	
	State Tracking ID	

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

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Sanja Zehnder 111 E. Wacker Dr. Chicago, IL 60601	(312) 396-6051	(312) 396-5906	s.zehnder@banklife.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission	Previous file # _____
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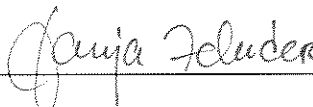
8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <input type="checkbox"/> Small <input type="checkbox"/> Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____
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9.	Type of Insurance	LTC03I Individual Long Term Care
-----------	--------------------------	---

10.	Product Coding Matrix Filing Code	LTC03I.001 Qualified
------------	--	-----------------------------

11.	Submitted Documents	<input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other Rates <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ SUPPORTING DOCUMENTATION <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Statement of Variability <input type="checkbox"/> Certifications <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____
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12.	Filing Submission Date	12/29/2017	
13.	Filing Fee (If required)	Amount	\$0
		Check Date	_____
		Retaliatory	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Check Number	_____
14.	Date of Domiciliary Approval	N/A	
15.	Filing Description:		
<p>Individual Policy Form Series: GR-N100, GR-N105 Rider Form Series: 187R, 195M, & 195N</p> <p>Dear Commissioner:</p> <p>We are filing revised premium rates for your consideration and approval on the above captioned policy forms and riders currently on file with your department. The revised rates are 35% higher for all policies with policy forms listed above.</p> <p>All of these policy forms are guaranteed renewable long term care policy forms which are no longer being sold. These policy forms were generally sold from 1992 through 2003.</p> <p>The projected lifetime loss ratios for these forms are in excess of original expectations, resulting in the requested rate increase. The attached Actuarial Memorandum contains justification for the rate increase as well as the revised premium rates. There were two rate increases of 35% in May 2006 and November 2008 on these policy forms in your state, including those policies without an inflation benefit, and a third increase of 14% in June 2012 only on those policies with an inflation benefit.</p> <p>Upon state insurance department approval, we will implement this increase to policies on their next billing date following a 45 day policyholder notification period at which time we will provide them with options to downgrade coverage, (if available), in order to help mitigate the impact of the rate increase as well as a toll free customer service number.</p> <p>We respectfully request your approval of this filing. Please feel free to contact us via SERFF, phone (312) 396-6051, fax (312)396-5906, or e-mail s.zehnder@banklife.com.</p>			

16.	Certification (If required)		
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Pennsylvania</u>.</p>			
Print Name		<u>Sanja Zehnder</u>	Title <u>Managing Actuary</u>
Signature			Date: <u>12/29/2017</u>

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

	Document Name	Form Number		Replaced Form Number
	Description			Previous State Filing Number
01			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
02			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> Initial <input type="checkbox"/> Revised <input type="checkbox"/> Other _____	

LH FFA-1

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

LH RFA-1

Bankers Life and Casualty Company

Rate Increase Memorandum Individual Long Term Care

I. Purpose of Filing

To request a 35% premium rate increase due to significantly higher than anticipated future and lifetime loss ratios. The rate increase applies to the base policy forms and all riders listed in Table 1. We are requesting a rate increase that will bring our inforce premium rates in your state up to the level that has been requested in the past and that has been implemented in most states nationwide. We have requested three 35% rate increases on these forms nationwide, and an additional 35% on inflation only policies. Ultimately, there were two rate increases of 35% in May 2006 and November 2008 on these policy forms in your state, including those policies without an inflation benefit, and a third increase of 14% in June 2012 only on those policies with an inflation benefit in the state of Pennsylvania. This new filing would bring the rates in your state closer to the prevailing level nationwide. We are filing for this remainder of the increase in all states nationwide where the full requested amount has not yet been implemented.

II. Scope of Filing

This filing applies to inforce policies issued in your state. These policy forms are no longer being marketed. **Table 1** includes the issue years for these policy forms as well as the number of policyholders and average monthly premium inforce as of 9/30/16 in your state and nationwide.

III. General Description

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

IV. Rate Justification Standard - Minimum Loss Ratios

Exhibit 1 contains nationwide experience projections by policy form or form grouping and illustrates that the anticipated lifetime loss ratio with and without the requested rate increase exceeds the minimum loss ratio of 60%. The lifetime loss ratio based on claims incurred through 9/30/16 and paid through 12/31/16 is calculated as the sum of accumulated past and discounted future claims divided by the sum of accumulated past and discounted future earned premium where accumulation and discounting occur at 4.5%. A summary of the anticipated lifetime loss ratios with and without the requested rate increase are shown by policy form or form grouping below. Nationwide earned premiums are restated to be at your state specific rate levels.

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

Policy Form Series	Anticipated Lifetime Loss Ratio w/o Rate Increase (@4.5%)	Anticipated Lifetime Loss Ratio w/ Rate Increase (@4.5%)
GR-N100/GR-N105	75.3%	73.8%

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

Policy Form Series	Anticipated Lifetime Loss Ratio w/o Rate Increase (@4.5%)	Anticipated Lifetime Loss Ratio w/ Rate Increase (@4.5%)
GR-N045/GR-N053 GR-N100/GR-N105/GR-N115	93.9%	91.3%

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

V. Reason for Rate Increase

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

VI. Actuarial Assumptions

- A. Interest - A 4.5% annual rate of interest has been assumed for accumulating historical experience and for discounting projected future experience to the present.
- B. Mortality – 90% of 1994 GAM (sex-distinct) table with selection factors
- C. Lapse Rates - In addition to deaths, an ultimate annual voluntary lapse rate of 1.00% and 1.25% for males and females respectively applies to comprehensive policies, and 2.00% and 2.25% for males and females respectively applies to facility-only policies.
- D. Expected Claim Costs – Expected claim costs used in the projection of future experience were developed in a comprehensive 2015 actual-to-expected study performed on actual past experience

to date on the affected policy forms and other similar inforce long-term care policies. A complete set of revised base claim cost tables varying by policy type, attained age, benefit multiplier, inflation protection benefit, and gender were built, and adjustment factors that reflect actual emerging experience on each policy form group generation were applied to the respective form groupings.

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

F. Effective Date Assumption – For the projections, the rate increase is assumed to be 50% effective in 2018 and 100% effective thereafter.

VII. Premium Rates

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

VIII. Claim Liability and Reserves

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

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

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

Nationwide Experience Discounted @ 4.5%

Claims Incurred through 2003

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

Nationwide Experience
Discounted @ 4.5%

Claims Incurred through 2006

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

Nationwide Experience
Discounted @ 4.5%

Claims Incurred through 2008

<u>Paid Thru</u>	<u>Earned Premium</u>	<u>Paid Claims</u>	<u>Claim Reserves</u>	<u>IBNR</u>	<u>Total Inc Claims</u>	<u>Loss Ratio</u>
12/31/2008	5,345,583,784	1,800,699,975	445,263,061	271,380,839	2,517,343,875	47.1%
12/31/2009	5,345,583,784	2,034,742,399	349,393,299	107,608,546	2,491,744,244	46.6%
12/31/2010	5,345,583,784	2,179,898,606	222,862,031	65,411,220	2,468,171,857	46.2%

IX. Actuarial Certification

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



Sanja Zehnder, FSA, MAAA
Managing Actuary

Table I
Base Policy Forms

Policy Form Series	Policy Type	Dates of Issue	Rate Increase Request	Number of Policies Inforce		Average Monthly Premium			
						Nationwide		Pennsylvania	
				Nationwide	Pennsylvania	Before Increase	After Increase	Before Increase	After Increase
GR-N045	Facility Care	1994-1999	35.0%	303	0	183	246	NA	NA
GR-N053	Long Term Care			509	0	206	278	NA	NA
GR-N100	Facility Care			4,494	166	176	237	143	193
GR-N105	Long Term Care			16,290	641	235	317	201	271
GR-N115	Long Term Care			105	0	215	291	NA	NA

Rider Forms Also Affected When Attached to Any of the Above Policy Forms⁽³⁾

Rider Form Series:

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

- ⁽¹⁾ Issue Date ranges are based on nationwide availability and may vary slightly from state to state.
- ⁽²⁾ Inforce Counts and Average Monthly Premium are as of 9/30/16. Policy count is a member count since we allow two members to a policy in spousal cases. Average Monthly Premium includes Riders. Some Forms are not available in certain states.
- ⁽³⁾ Riders are based on nationwide availability. Some Riders are not available in certain states.

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

Without Interest												
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)	
Year	Pennsylvania Rate Level Earned Premium	Original Rate Level Earned Premium	Incurred Claims	Loss Ratio without Proposed Rate Incr. (C)/(A)	Active Life Reserves Current Balance	Fut. Earned Premium Shock Lapse	Percent of Future Increase Implemented	Future Claim Shock Lapse	Revised Pennsylvania Rate Level Earned Premium	Revised Incurred Claims	Proposed Increased Earned Premium	Loss Ratio with Proposed Rate Incr. (J)/(I+K)
1986	\$ -	\$ -	\$ -	0.0%		0.0%	0.0%	0.0%	\$ -	\$ -	\$ -	0.0%
1987	\$ -	\$ -	\$ -	0.0%		0.0%	0.0%	0.0%	\$ -	\$ -	\$ -	0.0%
1988	\$ -	\$ -	\$ -	0.0%		0.0%	0.0%	0.0%	\$ -	\$ -	\$ -	0.0%
1989	\$ -	\$ -	\$ -	0.0%		0.0%	0.0%	0.0%	\$ -	\$ -	\$ -	0.0%
1990	\$ -	\$ -	\$ -	0.0%		0.0%	0.0%	0.0%	\$ -	\$ -	\$ -	0.0%
1991	\$ -	\$ -	\$ -	0.0%		0.0%	0.0%	0.0%	\$ -	\$ -	\$ -	0.0%
1992	\$ -	\$ -	\$ -	0.0%		0.0%	0.0%	0.0%	\$ -	\$ -	\$ -	0.0%
1993	\$ -	\$ -	\$ -	0.0%		0.0%	0.0%	0.0%	\$ -	\$ -	\$ -	0.0%
1994	\$ -	\$ -	\$ -	0.0%		0.0%	0.0%	0.0%	\$ -	\$ -	\$ -	0.0%
1995	\$ 269,853	\$ 269,853	\$ 4,380	1.6%		0.0%	0.0%	0.0%	\$ 269,853	\$ 4,380	\$ -	1.6%
1996	\$ 1,522,386	\$ 1,522,386	\$ 8,287	0.5%		0.0%	0.0%	0.0%	\$ 1,522,386	\$ 8,287	\$ -	0.5%
1997	\$ 2,778,425	\$ 2,778,425	\$ 368,990	13.3%		0.0%	0.0%	0.0%	\$ 2,778,425	\$ 368,990	\$ -	13.3%
1998	\$ 3,692,405	\$ 3,692,405	\$ 87,078	2.4%		0.0%	0.0%	0.0%	\$ 3,692,405	\$ 87,078	\$ -	2.4%
1999	\$ 3,651,656	\$ 3,651,656	\$ 522,347	14.3%		0.0%	0.0%	0.0%	\$ 3,651,656	\$ 522,347	\$ -	14.3%
2000	\$ 3,394,613	\$ 3,394,613	\$ 1,233,394	36.3%		0.0%	0.0%	0.0%	\$ 3,394,613	\$ 1,233,394	\$ -	36.3%
2001	\$ 3,236,751	\$ 3,236,751	\$ 1,110,259	34.3%		0.0%	0.0%	0.0%	\$ 3,236,751	\$ 1,110,259	\$ -	34.3%
2002	\$ 3,080,665	\$ 3,080,665	\$ 1,593,195	51.7%		0.0%	0.0%	0.0%	\$ 3,080,665	\$ 1,593,195	\$ -	51.7%
2003	\$ 2,939,019	\$ 2,939,019	\$ 1,482,300	50.4%		0.0%	0.0%	0.0%	\$ 2,939,019	\$ 1,482,300	\$ -	50.4%
2004	\$ 2,794,606	\$ 2,794,606	\$ 1,697,524	60.7%		0.0%	0.0%	0.0%	\$ 2,794,606	\$ 1,697,524	\$ -	60.7%
2005	\$ 2,622,625	\$ 2,622,625	\$ 1,934,077	73.7%		0.0%	0.0%	0.0%	\$ 2,622,625	\$ 1,934,077	\$ -	73.7%
2006	\$ 2,685,606	\$ 2,471,568	\$ 2,849,655	106.1%		0.0%	0.0%	0.0%	\$ 2,685,606	\$ 2,849,655	\$ -	106.1%
2007	\$ 2,898,807	\$ 2,160,333	\$ 2,525,147	87.1%		0.0%	0.0%	0.0%	\$ 2,898,807	\$ 2,525,147	\$ -	87.1%
2008	\$ 2,678,408	\$ 1,984,006	\$ 1,903,210	71.1%		0.0%	0.0%	0.0%	\$ 2,678,408	\$ 1,903,210	\$ -	71.1%
2009	\$ 2,919,408	\$ 1,650,913	\$ 2,230,543	76.4%		0.0%	0.0%	0.0%	\$ 2,919,408	\$ 2,230,543	\$ -	76.4%
2010	\$ 2,845,512	\$ 1,561,323	\$ 2,430,668	85.4%		0.0%	0.0%	0.0%	\$ 2,845,512	\$ 2,430,668	\$ -	85.4%
2011	\$ 2,634,682	\$ 1,445,641	\$ 2,983,493	113.2%		0.0%	0.0%	0.0%	\$ 2,634,682	\$ 2,983,493	\$ -	113.2%
2012	\$ 2,276,321	\$ 1,233,805	\$ 1,768,201	77.7%		0.0%	0.0%	0.0%	\$ 2,276,321	\$ 1,768,201	\$ -	77.7%
2013	\$ 2,144,995	\$ 1,127,514	\$ 2,191,620	102.2%		0.0%	0.0%	0.0%	\$ 2,144,995	\$ 2,191,620	\$ -	102.2%
2014	\$ 1,983,798	\$ 1,040,577	\$ 3,660,258	184.5%		0.0%	0.0%	0.0%	\$ 1,983,798	\$ 3,660,258	\$ -	184.5%
2015	\$ 1,799,206	\$ 943,770	\$ 2,823,342	156.9%		0.0%	0.0%	0.0%	\$ 1,799,206	\$ 2,823,342	\$ -	156.9%
1/1/2016-9/30/2016	\$ 1,206,801	\$ 633,017	\$ 1,669,267	138.3%		0.0%	0.0%	0.0%	\$ 1,206,801	\$ 1,669,267	\$ -	138.3%
Subtotal Actual	\$ 56,056,548	\$ 46,235,471	\$ 37,077,233	66.1%	\$ 15,088,159				\$ 56,056,548	\$ 37,077,233	\$ -	66.1%
10/1/2016-12/31/2016	221,548	116,191	423,850	191.3%		0.0%	0.0%	0.0%	221,548	423,850	-	191.3%
2017	855,523	448,680	1,776,161	207.6%		0.0%	0.0%	0.0%	855,523	1,776,161	-	207.6%
2018	782,450	410,353	1,877,978	240.0%		5.0%	50.0%	1.0%	743,328	1,859,198	130,082	212.9%
2019	701,925	368,119	1,940,380	276.4%		0.0%	100.0%	1.0%	666,828	1,901,573	233,390	211.2%
2020	624,855	327,697	1,969,171	315.1%		0.0%	100.0%	1.0%	593,612	1,910,095	207,764	238.4%
2021	552,295	289,641	1,969,775	356.7%		0.0%	100.0%	1.0%	524,680	1,890,984	183,638	267.0%
2022	484,572	254,123	1,946,588	401.7%		0.0%	100.0%	1.0%	460,343	1,849,259	161,120	297.6%
2023	421,944	221,277	1,902,269	450.8%		0.0%	100.0%	0.0%	400,847	1,807,156	140,297	334.0%
2024	364,590	191,197	1,838,709	504.3%		0.0%	100.0%	0.0%	346,360	1,746,773	121,226	373.6%
2025	312,599	163,931	1,754,433	561.2%		0.0%	100.0%	0.0%	296,969	1,666,711	103,939	415.7%
2026	265,969	139,476	1,651,921	621.1%		0.0%	100.0%	0.0%	252,671	1,569,325	88,435	460.1%
2027	224,597	117,779	1,536,898	684.3%		0.0%	100.0%	0.0%	213,368	1,460,053	74,679	506.9%
2028	188,284	98,735	1,416,419	752.3%		0.0%	100.0%	0.0%	178,870	1,345,598	62,604	557.2%
2029	156,742	82,194	1,297,388	827.7%		0.0%	100.0%	0.0%	148,905	1,232,518	52,117	613.1%
2030	129,623	67,972	1,180,385	910.6%		0.0%	100.0%	0.0%	123,142	1,121,366	43,100	674.5%
2031	106,540	55,867	1,070,269	1004.6%		0.0%	100.0%	0.0%	101,213	1,016,755	35,424	744.1%
2032	87,073	45,658	966,845	1110.4%		0.0%	100.0%	0.0%	82,719	918,503	28,952	822.5%
2033	70,795	37,122	868,526	1226.8%		0.0%	100.0%	0.0%	67,255	825,100	23,539	908.8%
2034	57,292	30,041	770,922	1345.6%		0.0%	100.0%	0.0%	54,428	732,376	19,050	996.7%
2035	46,171	24,209	688,272	1490.7%		0.0%	100.0%	0.0%	43,862	653,858	15,352	1104.2%
2036	37,066	19,435	612,508	1652.5%		0.0%	100.0%	0.0%	35,213	581,882	12,324	1224.1%
2037	29,658	15,550	542,885	1830.5%		0.0%	100.0%	0.0%	28,175	515,740	9,861	1355.9%
2038	23,661	12,406	479,981	2028.6%		0.0%	100.0%	0.0%	22,478	455,982	7,867	1502.6%
2039	18,829	9,872	424,007	2251.9%		0.0%	100.0%	0.0%	17,887	402,807	6,261	1668.1%
2040	14,951	7,839	373,993	2501.4%		0.0%	100.0%	0.0%	14,204	355,293	4,971	1852.9%
2041	11,849	6,212	328,999	2776.6%		0.0%	100.0%	0.0%	11,256	312,549	3,940	2056.8%
2042	9,371	4,913	288,044	3073.9%		0.0%	100.0%	0.0%	8,902	273,642	3,116	2277.0%
2043	7,396	3,878	251,196	3396.4%		0.0%	100.0%	0.0%	7,026	238,637	2,459	2515.8%
2044	5,826	3,054	218,410	3748.8%		0.0%	100.0%	0.0%	5,535	207,490	1,937	2776.9%
2045	4,583	2,403	188,985	4123.4%		0.0%	100.0%	0.0%	4,354	179,535	1,524	3054.4%
2046	3,601	1,888	163,192	4532.4%		0.0%	100.0%	0.0%	3,421	155,032	1,197	3357.3%
2047	2,823	1,480	140,686	4983.5%		0.0%	100.0%	0.0%	2,682	133,652	939	3691.5%
2048	2,210	1,159	121,396	5493.2%		0.0%	100.0%	0.0%	2,099	115,326	735	4069.0%
2049	1,728	906	104,716	6061.5%		0.0%	100.0%	0.0%	1,641	99,480	574	4490.0%
2050	1,348	707	90,525	6717.0%		0.0%	100.0%	0.0%	1,280	85,999	448	4975.5%
2051	1,050	550	78,291	7457.9%		0.0%	100.0%	0.0%	997	74,377	349	5524.4%
2052	816	428	67,511	8277.1%		0.0%	100.0%	0.0%	775	64,135	271	6131.2%
2053	631	331	57,743	9145.2%		0.0%	100.0%	0.0%	600	54,856	210	6774.2%
2054	487	255	49,120	10079.2%		0.0%	100.0%	0.0%	463	46,664	162	7466.1%
2055	375	196	41,904	11182.5%		0.0%	100.0%	0.0%	356	39,809	125	8283.3%
2056	286	150	35,447	12373.0%		0.0%	100.0%	0.0%	272	33,675	95	9165.2%
2057	218	114	29,426	13515.8%		0.0%	100.0%	0.0%	207	27,954	72	10011.7%
Subtotal Projected	\$ 6,834,148	\$ 3,583,991	\$ 33,536,124	490.7%					\$ 6,546,294	\$ 32,161,731	\$ 1,784,146	386.1%
Total Actual + Proj. (no interest)	\$ 62,890,695	\$ 49,819,462	\$ 70,613,357	112.3%					\$ 62,602,841	\$ 69,238,964	\$ 1,784,146	107.5%
Present Valued to 12/31/2016 @ 4.5% interest:												
Subtotal Actual	\$ 95,416,214	\$ 82,944,969	\$ 53,613,647	56.2%					\$ 95,416,214	\$ 53,613,647	\$ -	56.2%
Subtotal Projected	\$ 5,426,698	\$ 2,845,922	\$ 22,489,458	414.4%					\$ 5,208,532	\$ 21,645,907	\$ 1,329,033	331.1%
Total Actual + Proj.	\$ 100,842,913	\$ 85,790,891	\$ 76,103,105	75.5%					\$ 100,624,747	\$ 75,259,554	\$ 1,329,033	73.8%

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

Year	Without Interest											(L) (J)/(1+K)
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	
	Pennsylvania Rate Level Earned Premium	Original Rate Level Earned Premium	Incurred Claims	Loss Ratio without Proposed Rate Incr.	Active Life Reserves Current Balance	Fut. Earned Premium Shock Lapse	Percent of Future Increase Implemented	Future Claim Shock Lapse	Revised Pennsylvania Rate Level Earned Premium	Revised Incurred Claims	Proposed Increased Earned Premium	
1986	\$ -	\$ -	\$ -	0.0%	-	0.0%	0.0%	0.0%	\$ -	\$ -	\$ -	0.0%
1987	-	-	-	0.0%	-	0.0%	0.0%	0.0%	-	-	-	0.0%
1988	-	-	-	0.0%	-	0.0%	0.0%	0.0%	-	-	-	0.0%
1989	-	-	-	0.0%	-	0.0%	0.0%	0.0%	-	-	-	0.0%
1990	-	-	-	0.0%	-	0.0%	0.0%	0.0%	-	-	-	0.0%
1991	-	-	-	0.0%	-	0.0%	0.0%	0.0%	-	-	-	0.0%
1992	-	-	-	0.0%	-	0.0%	0.0%	0.0%	-	-	-	0.0%
1993	-	-	-	0.0%	-	0.0%	0.0%	0.0%	-	-	-	0.0%
1994	1,057,522	1,057,522	202,892	19.2%	-	0.0%	0.0%	0.0%	1,057,522	202,892	-	19.2%
1995	17,153,214	17,153,214	1,676,842	9.8%	-	0.0%	0.0%	0.0%	17,153,214	1,676,842	-	9.8%
1996	50,523,295	50,523,295	5,550,022	11.0%	-	0.0%	0.0%	0.0%	50,523,295	5,550,022	-	11.0%
1997	87,014,441	87,014,441	10,971,305	12.6%	-	0.0%	0.0%	0.0%	87,014,441	10,971,305	-	12.6%
1998	110,537,291	110,537,291	17,406,616	15.7%	-	0.0%	0.0%	0.0%	110,537,291	17,406,616	-	15.7%
1999	106,950,468	106,950,468	23,225,393	21.7%	-	0.0%	0.0%	0.0%	106,950,468	23,225,393	-	21.7%
2000	99,531,019	99,531,019	34,535,087	34.7%	-	0.0%	0.0%	0.0%	99,531,019	34,535,087	-	34.7%
2001	93,887,544	93,887,544	42,732,083	45.5%	-	0.0%	0.0%	0.0%	93,887,544	42,732,083	-	45.5%
2002	88,808,918	88,808,918	49,682,264	55.9%	-	0.0%	0.0%	0.0%	88,808,918	49,682,264	-	55.9%
2003	84,621,225	84,621,225	45,494,863	53.8%	-	0.0%	0.0%	0.0%	84,621,225	45,494,863	-	53.8%
2004	80,344,690	80,344,690	55,891,703	69.6%	-	0.0%	0.0%	0.0%	80,344,690	55,891,703	-	69.6%
2005	76,250,740	76,250,740	60,449,699	79.3%	-	0.0%	0.0%	0.0%	76,250,740	60,449,699	-	79.3%
2006	82,428,918	69,834,466	72,254,223	87.7%	-	0.0%	0.0%	0.0%	82,428,918	72,254,223	-	87.7%
2007	86,385,099	64,173,825	74,864,215	86.7%	-	0.0%	0.0%	0.0%	86,385,099	74,864,215	-	86.7%
2008	80,471,821	59,608,756	78,888,410	98.0%	-	0.0%	0.0%	0.0%	80,471,821	78,888,410	-	98.0%
2009	84,337,479	52,196,100	80,214,409	95.1%	-	0.0%	0.0%	0.0%	84,337,479	80,214,409	-	95.1%
2010	85,957,182	47,292,153	86,308,667	100.4%	-	0.0%	0.0%	0.0%	85,957,182	86,308,667	-	100.4%
2011	76,832,709	42,157,865	89,750,012	116.8%	-	0.0%	0.0%	0.0%	76,832,709	89,750,012	-	116.8%
2012	67,097,076	36,815,954	88,285,950	131.6%	-	0.0%	0.0%	0.0%	67,097,076	88,285,950	-	131.6%
2013	60,319,052	33,096,873	95,560,683	158.4%	-	0.0%	0.0%	0.0%	60,319,052	95,560,683	-	158.4%
2014	54,629,722	29,975,156	93,959,429	172.0%	-	0.0%	0.0%	0.0%	54,629,722	93,959,429	-	172.0%
2015	48,586,159	26,659,072	94,398,458	194.3%	-	0.0%	0.0%	0.0%	48,586,159	94,398,458	-	194.3%
1/1/2016-9/30/2016	31,812,399	17,455,363	69,747,311	219.2%	-	0.0%	0.0%	0.0%	31,812,399	69,747,311	-	219.2%
Subtotal Actual	\$ 1,655,537,985	\$ 1,375,945,952	\$ 1,272,050,537	76.8%	\$ 445,196,511	\$ 1,272,050,537			\$ 1,655,537,985	\$ 1,272,050,537	\$ -	76.8%
10/1/2016-12/31/2016	\$ 10,509,527	\$ 5,766,544	\$ 24,574,801	233.8%		0.0%	0.0%	0.0%	\$ 10,509,527	\$ 24,574,801	\$ -	233.8%
2017	39,177,561	21,496,604	100,640,497	256.9%		0.0%	0.0%	0.0%	39,177,561	100,640,497	-	256.9%
2018	35,118,381	19,269,345	107,729,633	292.5%		5.0%	50.0%	1.0%	33,362,462	101,702,336	5,838,431	259.4%
2019	30,918,538	16,964,904	102,607,392	331.9%		0.0%	100.0%	1.0%	29,372,611	100,555,244	10,280,414	253.6%
2020	27,006,978	14,818,644	100,750,409	373.1%		0.0%	100.0%	1.0%	25,656,629	97,727,897	8,979,820	282.2%
2021	23,415,097	12,847,790	97,609,506	416.9%		0.0%	100.0%	1.0%	22,244,342	93,705,126	7,785,520	312.0%
2022	20,145,800	11,053,937	93,551,983	464.4%		0.0%	100.0%	1.0%	19,138,510	88,874,383	6,698,479	344.0%
2023	17,197,316	9,436,113	88,763,191	516.1%		0.0%	100.0%	0.0%	16,337,450	84,325,032	5,718,108	382.3%
2024	14,563,467	7,990,928	83,380,939	572.5%		0.0%	100.0%	0.0%	13,835,294	79,211,892	4,842,353	424.1%
2025	12,234,010	6,712,763	77,387,327	632.6%		0.0%	100.0%	0.0%	11,622,310	73,517,960	4,067,808	468.6%
2026	10,195,487	5,594,232	70,957,881	696.0%		0.0%	100.0%	0.0%	9,685,713	67,409,987	3,390,000	515.5%
2027	8,430,206	4,625,628	64,385,438	763.7%		0.0%	100.0%	0.0%	8,008,696	61,166,166	2,803,044	565.7%
2028	6,917,680	3,795,709	57,926,548	837.4%		0.0%	100.0%	0.0%	6,571,796	55,030,220	2,300,129	620.3%
2029	5,635,216	3,092,025	51,914,814	921.3%		0.0%	100.0%	0.0%	5,353,455	49,319,074	1,873,709	682.4%
2030	4,558,908	2,501,458	46,301,273	1015.6%		0.0%	100.0%	0.0%	4,330,963	43,986,209	1,515,837	752.3%
2031	3,664,604	2,010,757	41,288,123	1126.7%		0.0%	100.0%	0.0%	3,481,374	39,223,717	1,218,481	834.6%
2032	2,928,541	1,606,881	36,898,960	1260.0%		0.0%	100.0%	0.0%	2,782,114	35,054,012	973,740	933.3%
2033	2,328,041	1,277,389	32,686,843	1404.0%		0.0%	100.0%	0.0%	2,211,639	31,052,501	774,074	1040.0%
2034	1,842,060	1,010,733	27,370,595	1485.9%		0.0%	100.0%	0.0%	1,749,957	26,002,065	612,485	1100.6%
2035	1,451,610	796,494	24,025,140	1655.1%		0.0%	100.0%	0.0%	1,379,030	22,823,883	482,660	1226.0%
2036	1,139,842	625,428	21,137,895	1854.5%		0.0%	100.0%	0.0%	1,082,850	20,081,000	378,998	1373.7%
2037	892,380	489,646	18,521,190	2075.5%		0.0%	100.0%	0.0%	847,761	17,595,131	296,716	1537.4%
2038	696,974	382,427	16,183,695	2322.0%		0.0%	100.0%	0.0%	662,125	15,374,510	231,744	1720.0%
2039	543,342	298,130	14,127,907	2600.2%		0.0%	100.0%	0.0%	516,175	13,421,512	180,661	1926.1%
2040	422,987	232,092	12,318,572	2912.3%		0.0%	100.0%	0.0%	401,838	11,702,643	140,643	2157.2%
2041	328,937	180,487	10,718,108	3258.4%		0.0%	100.0%	0.0%	312,491	10,182,202	109,372	2413.6%
2042	255,448	140,164	9,284,206	3634.5%		0.0%	100.0%	0.0%	242,676	8,819,996	84,936	2692.2%
2043	198,162	108,731	8,012,506	4043.4%		0.0%	100.0%	0.0%	188,254	7,611,881	65,889	2995.1%
2044	153,584	84,271	6,898,690	4491.8%		0.0%	100.0%	0.0%	145,905	6,553,756	51,067	3327.3%
2045	118,996	65,292	5,918,042	4973.3%		0.0%	100.0%	0.0%	113,046	5,622,139	39,566	3683.9%
2046	92,159	50,568	5,069,738	5501.1%		0.0%	100.0%	0.0%	87,551	4,816,251	30,643	4074.9%
2047	71,279	39,110	4,338,185	6086.2%		0.0%	100.0%	0.0%	67,715	4,121,276	23,700	4508.3%
2048	55,085	30,225	3,716,358	6746.6%		0.0%	100.0%	0.0%	52,331	3,530,540	18,316	4997.4%
2049	42,536	23,339	3,185,021	7487.8%		0.0%	100.0%	0.0%	40,409	3,025,770	14,143	5546.6%
2050	32,803	17,999	2,737,588	8345.6%		0.0%	100.0%	0.0%	31,163	2,600,708	10,907	6181.9%
2051	25,269	13,865	2,355,661	9322.3%		0.0%	100.0%	0.0%	24,006	2,237,878	8,402	6905.4%
2052	19,427	10,660	2,022,395	10410.2%		0.0%	100.0%	0.0%	18,456	1,921,275	6,459	7711.3%
2053	14,890	8,170	1,723,418	11574.6%		0.0%	100.0%	0.0%	14,145	1,637,247	4,951	8573.8%
2054	11,382	6,245	1,461,620	12842.0%		0.0%	100.0%	0.0%	10,812	1,388,539	3,784	9512.6%
2055	8,673	4,759	1,243,729	14340.2%		0.0%	100.0%	0.0%	8,239	1,181,542	2,884	10622.4%
2056	6,577	3,609	1,050,034	15966.4%		0.0%	100.0%	0.0%	6,248	997,532	2,187	11827.0%
2057	4,960	2,721	870,327	17548.5%		0.0%	100.0%	0.0%	4,712	826,811	1,649	12988.9%
Subtotal Projected	\$ 283,374,721	\$ 155,486,815	\$ 1,478,646,176	521.8%					\$ 271,690,339	\$ 1,421,153,143	\$ 71,862,707	413.7%
Total Actual + Proj. (no interest)	\$ 1,938,912,706	\$ 1,531,432,767	\$ 2,750,696,714	141.9%					\$ 1,927,228,324	\$ 2,693,203,680	\$ 71,862,707	134.7%
Present Valued to 12/31/2016 @ 4.5% interest:												
Subtotal Actual	\$ 2,842,496,059	\$ 2,483,778,095	\$ 1,843,571,559	64.9%								

Cumulative Rate Increase History
Bankers Life & Casualty Company - Legacy Block
Inforce Premium as of 09/30/2016 based on original rate levels

State	Inforce Premium at Original Rate Level		Cumulative Past Approved Increases		Approval* Dates of Past Increase Requests								Current Request		
	Non-Inflation	Inflation	Non-Inflation	Inflation	1	2	3	4	5	6	7	8	Filed	Approved*	Approved **%
AK	-	-	82.3%	146.0%	Not Req'd										
AL	599,108	244,687	146.0%	232.2%	10/26/05	9/5/08	6/21/11	5/27/16							
AR	1,052,946	275,464	143.1%	191.6%	1/11/06	11/26/08	4/29/10	11/30/11	7/14/15				11/1/17	11/21/17	3%
AZ	2,297,651	1,230,108	79.8%	120.7%	1/18/05	8/30/07	10/1/09	8/24/10	8/25/11						
CA	6,593,403	23,804,388	43.7%	31.1%	6/1/06	6/12/07	11/30/09								
CO	918,904	1,019,856	82.3%	146.0%	2/7/06	12/19/08	4/13/12								
CT	4,020,962	14,532,448	15.0%	15.0%	10/6/15								5/25/17	11/17/17	35%
DE	244,473	290,012	109.6%	166.0%	2/14/06	3/19/07	10/16/09	1/10/11	2/15/12	5/14/13	10/26/15		5/30/17		
DC	247,906	64,315	10.0%	10.0%	9/8/15								12/26/17		
FL	45,230,854	33,535,426	19.1%	19.6%	6/6/06										
GA	1,810,745	1,000,929	100.5%	118.9%	2/2/06	2/12/07	2/25/09	2/25/10	1/6/11	5/25/12	7/15/14	7/30/15	5/25/17	8/21/17	12%
HI	-	-	0.0%	0.0%											
IA	7,041,368	5,415,401	117.3%	193.4%	1/5/06	2/13/09	10/13/10	11/8/11	12/26/12	7/13/15			2/13/17	3/30/17	15%
ID	1,584,641	1,224,807	80.1%	103.3%	2/8/06	4/14/09	7/7/11						10/31/17		
IL	3,138,047	1,528,241	146.0%	231.7%	10/25/05	8/21/08	3/29/11	9/8/16							
IN	1,922,548	4,594,782	82.3%	99.0%	1/26/06	12/16/08	8/6/12								
KS	3,170,999	5,183,205	122.5%	153.1%	1/6/06	4/24/07	7/28/09	8/25/10	9/28/11	10/12/12	3/3/16				
KY	1,662,403	346,133	146.0%	192.3%	2/27/06	8/21/09	3/14/11	6/27/12	10/12/16						
LA	1,938,496	210,945	109.6%	182.9%	12/15/05	10/31/08	12/21/10	7/17/15					5/25/17	9/7/17	17%
MA	4,214,545	3,760,204	62.0%	62.0%	3/15/06	1/20/17									
MD	950,983	396,890	109.6%	166.0%	2/23/06	2/9/07	11/12/08	2/8/10	2/27/12	2/22/13	1/8/16		12/26/17		
ME	2,036,371	2,851,146	56.8%	59.5%	3/8/06	12/9/08									
MI	1,324,230	1,478,107	146.0%	232.2%	11/10/05	9/16/08	10/26/10	5/27/15							
MN	3,645,152	5,664,863	82.3%	82.3%	1/26/06	2/11/09							12/26/17		
MO	3,812,413	2,114,530	146.0%	239.7%	3/7/06	10/30/08	6/27/12	5/20/15							
MS	1,814,261	514,045	127.8%	207.4%	10/28/05	11/25/08	8/30/11	11/9/12	10/28/15				5/25/17		
MT	971,583	541,758	82.3%	146.0%	2/1/06	10/31/08	3/21/11						12/1/17		
NC	6,771,641	4,040,207	78.2%	139.9%	12/14/05	10/31/08	7/27/10	11/9/11					11/27/17		
ND	610,203	25,740	109.5%	171.0%	12/1/05	1/26/07	12/18/08	4/9/10	10/19/11	2/15/13	7/16/15		6/5/17		
NE	1,864,567	749,430	146.0%	232.2%	1/3/06	10/14/08	11/16/10	7/6/15							
NH	1,247,467	1,837,598	82.3%	146.0%	11/20/08	2/2/10	8/1/12								
NJ	3,419,477	3,159,990	9.7%	9.9%	6/29/06										
NM	426,497	296,250	109.6%	109.6%	12/9/05	5/27/09	7/10/13	9/15/15					11/2/17		
NV	349,906	380,565	48.3%	48.6%	11/29/06	9/4/15									
NY	-	-	0.0%	0.0%											
OH	3,122,017	1,042,447	108.2%	181.1%	11/8/05	10/31/08	5/23/11	4/21/16					11/1/17		
OK	1,362,903	1,666,558	92.4%	92.4%	11/28/05	12/1/09	10/13/11	1/27/16					11/1/17		
OR	2,005,170	1,834,261	142.5%	234.5%	2/10/06	11/19/08	8/18/11	12/4/15							
PA	5,425,047	1,664,089	76.4%	123.4%	3/14/06	11/3/08	1/27/11	6/27/12							
RI	99,582	126,476	82.3%	82.3%	4/3/06	9/26/08									
SC	1,664,581	1,389,144	123.6%	201.8%	12/29/05	1/15/09	5/13/11	9/25/15					4/25/17	8/30/17	10%
SD	359,272	133,465	146.0%	232.2%	11/4/05	10/6/08	10/4/11	8/27/15							
TN	3,036,954	668,783	146.0%	232.1%	12/12/05	7/23/09	4/8/11	8/20/12	11/16/15						
TX	6,503,149	3,094,089	146.0%	214.7%	1/19/06	12/9/08	1/21/11	8/10/12	7/9/15						
UT	339,358	487,447	142.2%	144.1%	1/11/06	10/23/09	11/4/15						10/31/17		
VA	3,082,350	2,574,939	82.3%	82.3%	12/21/05	6/24/09									
VT	1,095,118	1,862,199	17.5%	17.5%	5/8/06								12/1/17		
WA	1,900,675	2,770,319	146.0%	232.2%	1/24/06	4/23/07	12/24/08	1/29/10	12/15/10	7/10/15					
WI	3,808,602	5,189,339	78.6%	80.0%	3/23/06	9/21/10	7/23/14								
WV	876,028	189,486	146.0%	232.2%	12/12/05	11/21/08	12/10/10	2/1/12	11/30/15						
WY	142,790	163,629	146.0%	232.2%	10/28/05	8/11/08	10/29/10	5/26/15							

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



December 28, 2017

Sanja Zehnder, FSA, MAAA
Product & Risk Management Dept

VIA SERFF

Jessica Altman
Acting Commissioner
Commonwealth of Pennsylvania
Bureau of Rates & Policies
1311 Strawberry Square
Room 1787-41921
Harrisburg, PA 17120

NAIC: 233-61263
FEIN: 36-0770740

Attention: Commissioner

RE: Bankers Life & Casualty Company - Long Term Care Insurance

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

Dear Commissioner:

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

All of these policy forms are guaranteed renewable long term care policy forms which are no longer being sold. These policy forms were generally sold from 1992 through 2003.

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

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

We respectfully request your approval of this filing. Please feel free to contact us via SERFF, phone (312) 396-6051, fax (312)396-5906, or e-mail s.zehnder@banklife.com.

Sincerely,

Sanja Zehnder, FSA, MAAA
Managing Actuary
Enclosures