



Rate sheet prepared by Client User on 9/23/2014 10:58:07 AM.
Colorado Payroll Premium rates are Monthly for industry Class B.

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For more information about policy/plan benefits and limitations, please refer to the accompanying
product brochure for each insurance policy/plan listed below.

AFLAC CANCER CARE PLAN SELECT - Series A78200

		Premium	IDR* (5 units)	SDR*	Total
18-75	INDIVIDUAL	\$17.94	\$5.85	\$0.91	\$24.70
18-75	INSURED/SPOUSE	\$28.99	\$13.00	\$1.69	\$43.68
18-75	ONE-PARENT FAMILY	\$17.94	\$5.85	\$0.91	\$24.70
18-75	TWO-PARENT	\$28.99	\$13.00	\$1.69	\$43.68

IDR* = Optional Initial Diagnosis Rider (Series A-78050) premium 1-5 units

SDR* = Optional Specified Disease Rider (Series A-78052) premium

AFLAC CANCER CARE PLAN CLASSIC - Series A78300

		Premium	IDR* (5 units)	SDR*	Total
18-75	INDIVIDUAL	\$31.72	\$5.85	\$0.91	\$38.48
18-75	INSURED/SPOUSE	\$53.95	\$13.00	\$1.69	\$68.64
18-75	ONE-PARENT FAMILY	\$31.72	\$5.85	\$0.91	\$38.48
18-75	TWO-PARENT	\$53.95	\$13.00	\$1.69	\$68.64

IDR* = Optional Initial Diagnosis Rider (Series A-78050) premium 1-5 units

SDR* = Optional Specified Disease Rider (Series A-78052) premium

AFLAC CANCER CARE PLAN PREMIER - Series A78400

		Premium	IDR* (5 units)	SDR*	Total
18-75	INDIVIDUAL	\$45.89	\$5.85	\$0.91	\$52.65
18-75	INSURED/SPOUSE	\$79.95	\$13.00	\$1.69	\$94.64
18-75	ONE-PARENT FAMILY	\$45.89	\$5.85	\$0.91	\$52.65
18-75	TWO-PARENT	\$79.95	\$13.00	\$1.69	\$94.64

IDR* = Optional Initial Diagnosis Rider (Series A-78050) premium 1-5 units

SDR* = Optional Specified Disease Rider (Series A-78052) premium



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Juvenile Whole Life Policy - Series A65JW0

Age	\$10,000.00	\$20,000.00	\$30,000.00
0	\$6.25	\$12.30	\$18.45
1	\$6.50	\$12.90	\$19.35
2	\$6.65	\$13.10	\$19.65
3	\$6.90	\$13.70	\$20.55
4	\$7.15	\$14.20	\$21.30
5	\$7.30	\$14.40	\$21.60
6	\$7.55	\$14.90	\$22.35
7	\$7.80	\$15.50	\$23.25
8	\$8.05	\$16.00	\$24.00
9	\$8.30	\$16.50	\$24.75
10	\$8.60	\$17.00	\$25.50
11	\$8.95	\$17.80	\$26.70
12	\$9.25	\$18.30	\$27.45
13	\$9.60	\$19.10	\$28.65
14	\$9.90	\$19.60	\$29.40
15	\$10.25	\$20.40	\$30.60
16	\$10.65	\$21.20	\$31.80
17	\$11.05	\$22.00	\$33.00

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 0/7 DAYS

Annual Income		\$24,000	\$26,000	\$28,000	\$30,000	\$32,000	\$34,000	\$36,000	\$38,000	\$40,000	\$42,000
Benefit Period	Age	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100
3 MONTHS	18-49	\$35.88	\$38.87	\$41.86	\$44.85	\$47.84	\$50.83	\$53.82	\$56.81	\$59.80	\$62.79
	50-64	\$42.12	\$45.63	\$49.14	\$52.65	\$56.16	\$59.67	\$63.18	\$66.69	\$70.20	\$73.71
	65-74	\$48.36	\$52.39	\$56.42	\$60.45	\$64.48	\$68.51	\$72.54	\$76.57	\$80.60	\$84.63
6 MONTHS	18-49	\$43.68	\$47.32	\$50.96	\$54.60	\$58.24	\$61.88	\$65.52	\$69.16	\$72.80	\$76.44
	50-64	\$53.04	\$57.46	\$61.88	\$66.30	\$70.72	\$75.14	\$79.56	\$83.98	\$88.40	\$92.82
	65-74	\$67.08	\$72.67	\$78.26	\$83.85	\$89.44	\$95.03	\$100.62	\$106.21	\$111.80	\$117.39

AFLAC-SHORT TERM DISABILITY - Series A-57600

Elimination Period Accident/Sickness - 14/14 DAYS

Annual Income		\$24,000	\$26,000	\$28,000	\$30,000	\$32,000	\$34,000	\$36,000	\$38,000	\$40,000	\$42,000
Benefit Period	Age	\$1,200	\$1,300	\$1,400	\$1,500	\$1,600	\$1,700	\$1,800	\$1,900	\$2,000	\$2,100
3 MONTHS	18-49	\$20.28	\$21.97	\$23.66	\$25.35	\$27.04	\$28.73	\$30.42	\$32.11	\$33.80	\$35.49
	50-64	\$24.96	\$27.04	\$29.12	\$31.20	\$33.28	\$35.36	\$37.44	\$39.52	\$41.60	\$43.68
	65-74	\$29.64	\$32.11	\$34.58	\$37.05	\$39.52	\$41.99	\$44.46	\$46.93	\$49.40	\$51.87
6 MONTHS	18-49	\$24.96	\$27.04	\$29.12	\$31.20	\$33.28	\$35.36	\$37.44	\$39.52	\$41.60	\$43.68
	50-64	\$35.88	\$38.87	\$41.86	\$44.85	\$47.84	\$50.83	\$53.82	\$56.81	\$59.80	\$62.79
	65-74	\$43.68	\$47.32	\$50.96	\$54.60	\$58.24	\$61.88	\$65.52	\$69.16	\$72.80	\$76.44



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AFLAC HOSPITAL ADVANTAGE PREFERRED - Option1 Series A49100

Age	Individual	One Parent Family	Insured/Spouse	Two Parent Family
18-75	\$29.77	\$40.43	\$44.07	\$49.92

AFLAC HOSPITAL ADVANTAGE PREFERRED - Option2 Series A49200

Age	Individual	One Parent Family	Insured/Spouse	Two Parent Family
18-75	\$36.92	\$54.08	\$59.15	\$67.47

AFLAC HOSPITAL ADVANTAGE PREFERRED - Option3 Series A49300

Age	Individual	One Parent Family	Insured/Spouse	Two Parent Family
18-75	\$43.68	\$61.62	\$71.63	\$79.69

AFLAC HOSPITAL ADVANTAGE PREFERRED - Option4 Series A49400

Age	Individual	One Parent Family	Insured/Spouse	Two Parent Family
18-75	\$52.52	\$70.85	\$88.01	\$92.82