

**Your Costs**

**Accidental Death and Dismemberment  
Annual Premium Schedule**

<b>UNDER AGE 65</b>		
<b>PRINCIPAL SUM*</b>	<b>INSURED ONLY</b>	<b>INSURED &amp; FAMILY</b>
25,000	31.25	45.00
50,000	62.50	90.00
100,000	125.00	180.00
150,000	187.50	270.00
200,000	250.00	360.00
250,000	312.50	450.00
<b>AGE 65 UNTIL AGE 70</b>		
<b>PRINCIPAL SUM*</b>	<b>INSURED ONLY</b>	<b>INSURED &amp; FAMILY</b>
25,000	46.25	67.50
50,000	92.50	135.00
100,000	185.00	270.00
150,000	277.50	405.00
200,000	370.00	540.00
250,000	462.50	675.00

\* See the section labeled “**Selection of Your Principal Sum**” to determine the Principal Sum you are eligible to apply for.

If your terminating Principal Sum is not shown in the schedule above you can calculate your premium using the instructions under “To Calculate Your Premium” section.

**To Calculate Your Premium**

**Example:** If the Principal Sum on your terminating group accident policy is \$75,000,

**Under Age 65**

Insured Only: \$75,000 divided by 1,000=75. 75 multiplied by **\$1.25 per year\*\***=\$93.75 of annual premium. Insured & Family: \$75,000 divided by 1,000=75. 75 multiplied by **\$1.80 per year\*\***=\$135.00 of annual premium.

**Age 65 Until Age 70**

Insured Only: \$75,000 divided by 1,000=75. 75 multiplied by **\$1.85 per year\*\***=\$138.75 of annual premium. Insured & Family: \$75,000 divided by 1,000=75. 75 multiplied by **\$2.70 per year\*\***=\$202.50 of annual premium.

\*\*Rate per \$1,000 per year.

If you wish to pay the premium semi-annually or quarterly, please note:

For a Principal Sum of \$50,000 or more, you may pay the premium semi-annually by dividing the annual premium by 2.

For a Principal Sum of \$100,000 or more, you may pay the premium quarterly by dividing the annual premium by 4.

**Example:** If your Principal Sum is \$100,000, you have the family coverage, and your attained age is 55, your total quarterly premium for you and your family equals \$45.00.

**The completed application and premium must be sent to the address shown on the application by the deadline stated in your certificate of insurance. Please note that the application includes a section that must be completed by your employer. This may have been filled out by your employer before it was given to you. If it is blank, please go ahead and submit the application without this section completed, we will obtain the required information from your employer. If you received a cover letter from a Cigna customer service center, or your former employer, please provide that letter instead.**

**If you have any questions or need assistance in completing the application, please call our toll-free number 1-800-441-1832, Monday through Friday, 8:00 am to 4:00 pm (EST).**