YOUR COST Current 2024 "Preferred" and "Standard" Annual Premium Contributions for Non-Smokers

Annual Rates per \$1,000 of Face Amount

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued.

Only non-smokers meeting the highest underwriting standards will qualify for "Preferred" rates. Other non-smokers may qualify for the higher "Standard" rates. (Note: Smokers may only qualify for Smoker Rates.) Upon approval of your Application, you will be notified of the rate classification for each approved person.

	Ba	nd 1 - \$10	00K-200K		Band 2 - \$201K-499K									
	MALE	MALE	FEMALE	FEMALE		MALE	MALE	MALE	FEMALE	FEMALE	FEMALE			
Issue Age	Non-Smoker	Smoker	Non-Smoker	Smoker	Issue Age	Preferred	Standard	Tobacco	Preferred	Standard	Tobacco			
20	\$0.98	\$2.62	\$0.88	\$2.22	20	\$0.55	\$0.67	\$2.07	\$0.48	\$0.57	\$1.74			
21	0.98	2.62	0.88	2.23	21	0.55	0.67	2.07	0.48	0.57	1.74			
22	0.98	2.62	0.88	2.23	22	0.55	0.67	2.07	0.48	0.58	1.74			
23	0.98	2.62	0.88	2.23	23	0.55	0.67	2.08	0.48	0.58	1.74			
24	0.98	2.63	0.88	2.23	24	0.55	0.67	2.10	0.48	0.58	1.74			
25	0.98	2.63	0.88	2.23	25	0.55	0.67	2.10	0.48	0.58	1.74			
26	0.98	2.65	0.89	2.23	26	0.55	0.67	2.11	0.48	0.58	1.74			
27	0.98	2.66	0.89	2.23	27	0.55	0.67	2.11	0.48	0.58	1.74			
28	0.98	2.67	0.89	2.23	28	0.55	0.68	2.12	0.48	0.58	1.75			
29	0.98	2.68	0.89	2.24	29	0.55	0.68	2.14	0.48	0.58	1.75			
30	0.98	2.70	0.89	2.28	30	0.55	0.68	2.15	0.48	0.58	1.77			
31	0.98	2.71	0.89	2.28	31	0.55	0.68	2.15	0.48	0.58	1.77			
32	0.98	2.71	0.89	2.28	32	0.55	0.68	2.15	0.48	0.58	1.77			
33	0.98	2.71	0.89	2.28	33	0.56	0.68	2.15	0.48	0.58	1.77			
34	0.98	2.71	0.89	2.28	34	0.56	0.68	2.16	0.48	0.58	1.77			
35	0.98	2.78	0.89	2.32	35	0.56	0.68	2.24	0.48	0.58	1.82			
36	1.00	2.92	0.90	2.44	36	0.56	0.70	2.34	0.49	0.60	1.93			
37	1.05	3.09	0.96	2.62	37	0.58	0.73	2.50	0.52	0.63	2.07			
38	1.10	3.30	1.00	2.84	38	0.61	0.78	2.68	0.57	0.67	2.27			
39	1.16	3.58	1.06	3.09	39	0.65	0.84	2.93	0.61	0.74	2.49			
40	1.22	3.88	1.12	3.32	40	0.69	0.91	3.19	0.67	0.79	2.69			
41	1.31	4.24	1.20	3.59	41	0.75	0.98	3.51	0.72	0.87	2.93			
42	1.40	4.69	1.29	3.85	42	0.84	1.08	3.89	0.78	0.94	3.16			
43	1.50	5.15	1.39	4.15	43	0.94	1.17	4.30	0.86	1.03	3.42			
44	1.63	5.69	1.50	4.46	44	1.03	1.28	4.76	0.94	1.12	3.69			
45	1.76	6.23	1.60	4.81	45	1.14	1.42	5.24	1.01	1.21	3.99			
46	1.91	6.85	1.67	5.15	46	1.25	1.56	5.78	1.09	1.30	4.31			
47	2.09	7.52	1.78	5.53	47	1.34	1.73	6.39	1.15	1.39	4.64			
48	2.28	8.23	1.88	5.95	48	1.46	1.90	7.00	1.23	1.50	4.99			
49	2.48	8.98	1.99	6.36	49	1.60	2.08	7.65	1.30	1.59	5.36			
50	2.71	9.71	2.12	6.80	50	1.76	2.29	8.30	1.40	1.71	5.74			
51	2.96	10.44	2.27	7.23	51	1.94	2.52	8.93	1.51	1.83	6.12			
52	3.20	11.13	2.42	7.69	52	2.15	2.77	9.55	1.64	1.96	6.53			
53	3.49	11.88	2.57	8.17	53	2.38	3.03	10.20	1.78	2.09	6.94			
54	3.80	12.71	2.74	8.65	54	2.66	3.33	10.92	1.93	2.25	7.35			
55	4.13	13.66	2.96	9.15	55	2.93	3.65	11.75	2.09	2.43	7.80			
56	4.50	14.73	3.14	9.59	56	3.20	3.99	12.67	2.23	2.60	8.19			
57	4.87	15.87	3.34	10.02	57	3.50	4.32	13.67	2.38	2.79	8.56			
58	5.31	17.05	3.58	10.47	58	3.84	4.73	14.80	2.52	3.02	8.96			
59	5.80	18.55	3.83	11.04	59	4.23	5.19	16.11	2.72	3.26	9.47			
60	6.39	20.71	4.16	11.83	60	4.67	5.75	17.65	2.94	3.56	10.14			
61	7.06	22.20	4.52	12.82	61	5.19	6.39	19.34	3.24	3.90	11.01			
62	7.83	24.78	4.96	13.99	62	5.80	7.15	21.16	3.61	4.28	12.05			
63	8.70	27.53	5.46	15.33	63	6.46	7.98	23.29	4.03	4.73	13.21			
64	9.69	30.60	6.02	16.86	64	7.21	8.94	25.97	4.45	5.20	14.54			

Your individual premium contribution will be based on your entry age for the fixed 10-year level term period. Premiums are expected but not guaranteed to remain level for the first ten years of coverage. New York Life does reserve the right to change premium rates, but may only do so for all insureds covered under the group policy and with at least 60 days written notice. Coverage terminates at age 75. How to Calculate Your Rates: Divide the annual rate by 12 for the monthly rate, and by 2 for a semi-annual rate.

YOUR COST

Current 2024 "Preferred" and "Standard" Annual Premium Contributions for Non-Smokers Annual Rates per \$1,000 of Face Amount

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued.

Only non-smokers meeting the highest underwriting standards will qualify for "Preferred" rates. Other non-smokers may qualify for the higher "Standard" rates. (Note: Smokers may only qualify for Smoker Rates.) Upon approval of your Application, you will be notified of the rate classification for each approved person.

Band 3 - \$500K-999K								Band 4 - \$1,000,000								
	MALE	MALE	MALE	FEMALE	FEMALE	FEMALE	[MALE	MALE	MALE	FEMALE	FEMALE	FEMALE		
Issue Age	Preferred	Standard	Tobacco	Preferred	Standard	Tobacco		Issue Age	Preferred	Standard	Tobacco	Preferred	Standard	Tobacco		
20	\$0.49	\$0.62	\$2.00	\$0.41	\$0.52	\$1.66		20	\$0.42	\$0.56	\$1.90	\$0.31	\$0.43	\$1.53		
21	0.49	0.62	2.00	0.41	0.52	1.66		21	0.42	0.56	1.90	0.32	0.43	1.54		
22	0.49	0.63	2.00	0.41	0.52	1.66		22	0.42	0.56	1.91	0.32	0.43	1.54		
23	0.49	0.63	2.00	0.41	0.53	1.66		23	0.42	0.56	1.91	0.32	0.43	1.54		
24	0.49	0.63	2.00	0.41	0.53	1.66		24	0.42	0.56	1.91	0.32	0.43	1.54		
25	0.50	0.63	2.00	0.41	0.53	1.66		25	0.42	0.56	1.91	0.32	0.43	1.54		
26	0.50	0.63	2.01	0.41	0.53	1.66		26	0.42	0.56	1.93	0.33	0.43	1.54		
27	0.50	0.63	2.02	0.41	0.53	1.66		27	0.42	0.56	1.93	0.33	0.43	1.54		
28	0.50	0.63	2.05	0.41	0.53	1.68		28	0.42	0.56	1.95	0.33	0.43	1.57		
29	0.50	0.63	2.07	0.41	0.53	1.68		29	0.42	0.56	1.97	0.33	0.43	1.57		
30	0.50	0.63	2.07	0.41	0.53	1.69		30	0.42	0.56	1.97	0.33	0.43	1.57		
31	0.50	0.63	2.07	0.41	0.53	1.69		31	0.42	0.56	1.97	0.33	0.43	1.57		
32	0.50	0.63	2.07	0.42	0.53	1.69		32	0.42	0.56	1.97	0.33	0.43	1.58		
33	0.50	0.63	2.07	0.42	0.53	1.69		33	0.42	0.56	1.97	0.33	0.43	1.58		
34	0.50	0.63	2.07	0.42	0.53	1.69		34	0.42	0.56	1.97	0.33	0.44	1.58		
35	0.50	0.63	2.15	0.42	0.53	1.74		35	0.42	0.56	2.03	0.33	0.44	1.61		
36	0.50	0.64	2.25	0.43	0.54	1.85		36	0.42	0.57	2.15	0.35	0.46	1.73		
37	0.53	0.67	2.40	0.47	0.57	1.99		37	0.43	0.61	2.28	0.38	0.50	1.86		
38	0.55	0.72	2.58	0.50	0.61	2.19		38	0.46	0.66	2.46	0.40	0.52	2.03		
39	0.58	0.72	2.83	0.55	0.68	2.41		39	0.48	0.71	2.69	0.45	0.60	2.23		
40	0.63	0.85	3.09	0.60	0.74	2.60		40	0.53	0.78	2.93	0.49	0.64	2.43		
40	0.70	0.00	3.41	0.66	0.81	2.83		40	0.58	0.84	3.24	0.55	0.72	2.43		
42	0.70	1.02	3.77	0.72	0.89	3.06		42	0.65	0.94	3.58	0.60	0.72	2.86		
43	0.88	1.10	4.17	0.72	0.96	3.31		43	0.75	1.03	3.97	0.67	0.87	3.09		
43	0.00	1.10	4.63	0.88	1.06	3.59		44	0.73	1.05	4.39	0.76	0.07	3.34		
45	1.07	1.21	5.10	0.95	1.15	3.89		45	0.92	1.14	4.85	0.82	1.06	3.62		
46	1.19	1.48	5.64	1.03	1.23	4.17		46	1.04	1.39	5.38	0.90	1.15	3.88		
47	1.28	1.40	6.23	1.09	1.32	4.51		40	1.13	1.55	5.96	0.96	1.13	4.22		
47	1.20	1.82	6.85	1.16	1.43	4.86		47	1.13	1.73	6.55	1.03	1.33	4.55		
49	1.53	2.00	7.47	1.24	1.52	5.22		49	1.23	1.90	7.16	1.11	1.41	4.90		
50	1.68	2.00	8.11	1.34	1.64	5.60		50	1.57	2.12	7.79	1.21	1.54	5.26		
50	1.85	2.22	8.74	1.34	1.04	5.97		50	1.52	2.12	8.39	1.21	1.54	5.63		
52	2.06	2.42	9.35	1.43	1.73	6.37		52	1.09	2.55	9.01	1.45	1.76	6.01		
52	2.00	2.08	9.97	1.50	2.00	6.77		52	2.12	2.37	9.63	1.45	1.70	6.40		
54	2.56	3.23	10.68	1.85	2.16	7.18		54	2.40	3.12	10.34	1.71	2.07	6.81		
55	2.30	3.54	11.50	2.00	2.34	7.61		55	2.40	3.41	11.16	1.86	2.23	7.24		
56	3.10	3.34	12.41	2.00	2.54	7.99		56	2.03	3.41	12.06	2.01	2.23	7.62		
57	3.39	4.18	13.41	2.13	2.31	8.36		57	3.20	4.04	12.00	2.01	2.41	8.00		
58	3.34	4.18	14.51	2.27	2.70	8.77		58	3.20	4.04	14.17	2.14	2.00	8.41		
50	4.10	4.00 5.05	14.51	2.42	3.16	9.27		58	3.55	4.40	15.45	2.27	3.05	8.91		
60	4.10	5.60	17.30	2.85	3.10	9.27		60	4.34	4.69 5.43	16.98	2.47	3.30	9.58		
61	4.54 5.05	6.25	18.98	3.15	3.41	9.92		61	4.34 4.85	5.43 6.05	18.67	3.00	3.67	9.56		
62	5.05 5.66	6.25 6.97	20.76	3.15	3.79 4.17	10.78		61	4.85 5.46	6.05	20.48	3.00	3.67 4.07	10.43		
63		6.97 7.81	20.76	3.51		11.80		62 63	5.40 6.12	6.75 7.55	20.48	3.35	4.07	11.40		
63 64	6.31 7.04	7.81 8.74	22.87	4.32	4.61 5.09			63 64		7.55 8.46			4.50 4.98	12.61		
04	7.04	0.74	20.47	4.32	0.09	14.26	L	04	6.85	0.40	25.27	4.17	4.98	13.73		

Your individual premium contribution will be based on your entry age for the fixed 10-year level term period. Premiums are expected but not guaranteed to remain level for the first ten years of coverage. New York Life does reserve the right to change premium rates, but may only do so for all insureds covered under the group policy and with at least 60 days written notice. Coverage terminates at age 75. **How to Calculate Your Rates:** Divide the annual rate by 12 for the monthly rate, and by 2 for a semi-annual rate.