

**Presidential Life Insurance Company**  
**Income Guard**  
**Graded Benefit Impaired Risk Disability Income**  
**Policy Form ISDP2006**  
**Rate Calculation Worksheet For Use by Producers**

**Producer's Name** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**Prospect's Name** \_\_\_\_\_

**Age Last Birthday** \_\_\_\_\_ **Sex (circle one)** **M** **F** **Tobacco/NonTobacco (circle one)** **T** **NT**

**Benefit Period (circle one)** **2 years** **5 years**  
**Elimination Period (circle one)** **60 Days** **90 Days** **180 days (5 year BP only)**

**Monthly Benefit**

<b>Monthly Salary</b>	
<b>Maximum Benefit Eligibility (look up in attached chart)</b>	
Base	
Social Insurance Substitute Rider	
<b>Maximum Benefit Requested \$10 increments (must be less than or equal to the above)</b>	
Base	
Social Insurance Substitute Rider	
Total	

\*Minimum Base Monthly Benefit is \$200; Combined minimum Monthly Benefit is \$500.

**Occupational Extension Benefit 5 Year BP Only (circle one)** **Yes** **No**

**Annual Premium Rates per \$100 Monthly Benefit (look up in attached rate table)**

Base	
Social Insurance Substitute Rider Adjustment	
Tobacco/NonTobacco Load (20% or 0%)	
Occupational Extension Benefit Rider Load - 5 year BP only (10% or 0%)	

**Calculate Premiums**

1. Base Premium (Multiply Monthly Benefit by Annual Base Rates then Divide by 100)	
2. Social Insurance Substitute Rider (Multiply Monthly Benefit by Annual Base Rates then Multiply by SIS Rider Adjustment then Divide by 100)	
3. Sub Total (add lines 1 and 2)	
4. Tobacco/NonTobacco Load (multiply line 3 by the T/NT Load)	
5. Sub Total (Add lines 3 and 4)	
6. Occupational Extension Benefit Rider Load (Multiply line 5 by the Occupational Extension Benefit Rider Load)	
7. Sub Total (Add lines 5 and 6)	
8. Annual Policy Fee	\$25.00
<b>9. Total Annual Premium (Add lines 7 and 8)</b>	
<b>10. Total Semi-Annual Premium</b> (Multiply line 9 by 52.0%)	
<b>11. Total Quarterly Premium</b> (Multiply line 9 by 26.0%)	
<b>12. Total Monthly Auto Deduct Premium</b> (Multiply line 9 by 8.5%)	

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**Annual Premium Rates per \$100 Monthly Benefit, Non-Tobacco**

Benefit Period – 2 Years  
Elimination Period – 60 Days

Issue Age	Male	Female
18-25	\$58.00	\$96.50
26-30	\$59.00	\$101.50
31-35	\$61.50	\$110.00
36-40	\$63.50	\$112.50
41-45	\$70.00	\$114.00
46-50	\$84.00	\$117.00
51-55	\$106.50	\$126.00
56-60	\$130.00	\$139.50

Benefit Period – 5 Years  
Elimination Period – 60 Days

Issue Age	Male	Female
18-25	\$109.00	\$197.00
26-30	\$112.00	\$210.50
31-35	\$117.00	\$232.50
36-40	\$127.00	\$244.00
41-45	\$142.00	\$249.00
46-50	\$166.00	\$258.00
51-55	\$211.00	\$270.00
56-60	\$226.50	\$270.00

Benefit Period – 2 Years  
Elimination Period – 90 Days

Issue Age	Male	Female
18-25	\$34.50	\$54.00
26-30	\$35.50	\$55.00
31-35	\$37.00	\$59.00
36-40	\$39.50	\$61.00
41-45	\$47.00	\$63.50
46-50	\$60.00	\$73.50
51-55	\$82.00	\$85.50
56-60	\$109.50	\$98.50

Benefit Period – 5 Years  
Elimination Period – 90 Days

Issue Age	Male	Female
18-25	\$67.50	\$107.50
26-30	\$69.00	\$110.50
31-35	\$71.50	\$121.50
36-40	\$81.00	\$128.00
41-45	\$96.50	\$136.50
46-50	\$119.50	\$154.50
51-55	\$161.50	\$175.00
56-60	\$187.00	\$185.00

Benefit Period – 5 Years  
Elimination Period – 180 Days

Issue Age	Male	Female
18-25	\$56.50	\$90.50
26-30	\$59.00	\$94.00
31-35	\$63.50	\$104.50
36-40	\$72.00	\$111.00
41-45	\$86.50	\$119.50
46-50	\$107.50	\$136.00
51-55	\$146.00	\$154.50
56-60	\$173.00	\$162.00

**Tobacco Use: 120% times Non-Tobacco rates**

**Social Insurance Substitute Rider, Form ISDSISR2006.**

Annual Premium Rates are per \$100 Rider face amount and equal the base policy rates multiplied by the following factors:

BP	EP60	EP90	EP180
2 yrs	81%	79%	-
5 yrs	71%	69%	66%

**Occupational Extension Benefit Rider, Form ISDOEBR2006**

The Premium for this rider is equal to 10% of sum of premium for base policy and SIS rider, before policy fee.

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Monthly Salary	Maximum Base Policy Benefit	Maximum Social Insurance Substitute Rider
3,333	1,570	600
3,500	1,590	650
3,600	1,640	660
3,700	1,710	660
3,800	1,760	670
3,900	1,830	670
4,000	1,840	680
4,100	1,890	690
4,200	1,940	710
4,300	1,990	720
4,400	2,030	740
4,500	2,090	750
4,600	2,130	770
4,700	2,170	790
4,800	2,210	810
4,900	2,260	830
5,000	2,250	850
5,100	2,290	870
5,200	2,340	880
5,300	2,390	900
5,400	2,440	910
5,500	2,480	930
5,600	2,530	940
5,700	2,570	960
5,800	2,630	970
5,900	2,670	990
6,000	2,660	1,000
6,200	2,780	1,000
6,400	2,900	1,000
6,600	3,030	1,000
6,800	3,150	1,000
7,000	3,200	1,000
7,200	3,320	1,000
7,400	3,440	1,000
7,600	3,560	1,000
7,800	3,680	1,000
8,000	3,800	1,000
8,200	3,920	1,000
8,400	4,040	1,000
8,600	4,160	1,000
8,800	4,280	1,000
9,000	4,400	1,000
9,200	4,520	1,000
9,400	4,640	1,000
9,600	4,760	1,000

Monthly Salary	Maximum Base Policy Benefit	Maximum Social Insurance Substitute Rider
9,800	4,880	1,000
10,000	5,000	1,000
10,200	5,120	1,000
10,400	5,240	1,000
10,600	5,360	1,000
10,800	5,480	1,000
11,000	5,600	1,000
11,200	5,720	1,000
11,400	5,840	1,000
11,600	5,960	1,000
11,800	6,080	1,000
12,000	6,200	1,000
12,200	6,320	1,000
12,400	6,440	1,000
12,600	6,560	1,000
12,800	6,680	1,000
13,000	6,800	1,000
13,200	6,920	1,000
13,400	7,040	1,000
13,600	7,160	1,000
13,800	7,280	1,000
14,000	7,400	1,000
14,200	7,520	1,000
14,400	7,640	1,000
14,600	7,760	1,000
14,800	7,880	1,000
15,000	8,000	1,000
15,200	8,120	1,000
15,400	8,240	1,000
15,600	8,360	1,000
15,800	8,480	1,000
16,000	8,600	1,000
16,200	8,720	1,000
16,400	8,840	1,000
16,600	8,960	1,000
16,800	9,000	1,000

Round salaries down