



PLUS PLAN with Cash Value

Payroll rates—WITHOUT wellness (ages 18–75)			
PLUS PLAN A	IND	SINGLE PARENT	FAMILY
	\$37.60	\$43.50	\$72.50
PLUS PLAN B	IND	SINGLE PARENT	FAMILY
	\$48.40	\$56.70	\$92.10
PLUS PLAN C	IND	SINGLE PARENT	FAMILY
	\$43.50	\$51.10	\$83.80
PLUS PLAN D	IND	SINGLE PARENT	FAMILY
	\$61.00	\$73.10	\$116.80
First Occurrence add-on (per unit)*	IND	SINGLE PARENT	FAMILY
	\$2.50	\$3.40	\$5.00

*Note: Up to 19 units may be added.

Payroll rates—WITH wellness (ages 18–75)			
PLUS PLAN A	IND	SINGLE PARENT	FAMILY
	\$47.70	\$55.80	\$90.50
PLUS PLAN B	IND	SINGLE PARENT	FAMILY
	\$58.50	\$69.00	\$110.10
PLUS PLAN C	IND	SINGLE PARENT	FAMILY
	\$53.60	\$63.40	\$101.80
PLUS PLAN D	IND	SINGLE PARENT	FAMILY
	\$71.10	\$85.40	\$134.80
First Occurrence add-on (per unit)*	IND	SINGLE PARENT	FAMILY
	\$2.50	\$3.40	\$5.00

*Note: Up to 19 units may be added.

See page 3 for additional optional rider rates.

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WASHINGTON NATIONAL INSURANCE COMPANY
Home Office
 11825 N. Pennsylvania Street, Carmel, IN 46032



PLUS PLAN without Cash Value

Payroll rates—WITHOUT wellness (ages 18–85)			
PLUS PLAN A	IND	SINGLE PARENT	FAMILY
	\$20.90	\$24.20	\$40.30
PLUS PLAN B	IND	SINGLE PARENT	FAMILY
	\$26.90	\$31.50	\$51.20
PLUS PLAN C	IND	SINGLE PARENT	FAMILY
	\$24.20	\$28.40	\$46.60
PLUS PLAN D	IND	SINGLE PARENT	FAMILY
	\$33.90	\$40.60	\$64.90
First Occurrence add-on (per unit)*	IND	SINGLE PARENT	FAMILY
	\$1.40	\$1.90	\$2.80

*Note: Up to 19 units may be added.

Payroll rates—WITH wellness (ages 18–85)			
PLUS PLAN A	IND	SINGLE PARENT	FAMILY
	\$26.50	\$31.00	\$50.30
PLUS PLAN B	IND	SINGLE PARENT	FAMILY
	\$32.50	\$38.30	\$61.20
PLUS PLAN C	IND	SINGLE PARENT	FAMILY
	\$29.80	\$35.20	\$56.60
PLUS PLAN D	IND	SINGLE PARENT	FAMILY
	\$39.50	\$47.40	\$74.90
First Occurrence add-on (per unit)*	IND	SINGLE PARENT	FAMILY
	\$1.40	\$1.90	\$2.80

*Note: Up to 19 units may be added.

See page 4 for additional optional rider rates.

There is a \$15 monthly minimum premium requirement.

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Monthly payroll rates

Tennessee

Base plan with Cash Value

Payroll rates—cancer product (ages 18-75)			
PLAN A	IND	SINGLE PARENT	FAMILY
<i>Not available</i>			
PLAN B	IND	SINGLE PARENT	FAMILY
	\$33.50	\$40.70	\$61.00
PLAN C	IND	SINGLE PARENT	FAMILY
	\$28.60	\$35.10	\$52.70
PLAN D	IND	SINGLE PARENT	FAMILY
	\$46.10	\$57.10	\$85.70
First Occurrence add-on (per unit)*	IND	SINGLE PARENT	FAMILY
	\$2.50	\$3.40	\$5.00

*Note: Up to 19 units may be added.

Payroll rates—riders			
<i>(Available on Base and Plus Plan)</i>			
Alternative Care rider (ages 18-75)	IND	SINGLE PARENT	FAMILY
	\$5.80	\$9.20	\$11.50
Preventive Care rider (ages 18-75)	IND	SINGLE PARENT	FAMILY
	\$13.70	\$16.90	\$25.20
Death Benefit rider (ages 18-75)	IND	SINGLE PARENT	FAMILY
18-39	\$1.60	\$2.10	\$3.00
40-49	\$3.20	\$4.00	\$5.90
50-54	\$4.80	\$6.10	\$9.00
55-59	\$7.00	\$8.80	\$13.00
60-64	\$9.60	\$12.00	\$17.90
65-75	\$14.90	\$18.70	\$27.80

The rates illustrated are for form numbers CHIC-5022I-TN, CHIC-8022, CHIC-8048(I), CHIC-8063-TN and their accompanying schedules.

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Base plan without Cash Value

Payroll rates—cancer product (ages 18–85)			
PLAN A	IND	SINGLE PARENT	FAMILY
	<i>Not available</i>		
PLAN B	IND	SINGLE PARENT	FAMILY
	\$18.60	\$22.60	\$33.90
PLAN C	IND	SINGLE PARENT	FAMILY
	\$15.90	\$19.50	\$29.30
PLAN D	IND	SINGLE PARENT	FAMILY
	\$25.60	\$31.70	\$47.60
First Occurrence add-on (per unit)*	IND	SINGLE PARENT	FAMILY
	\$1.40	\$1.90	\$2.80

*Note: Up to 19 units may be added.

Payroll rates—riders			
<i>(Available on Base and Plus Plan)</i>			
Alternative Care rider (ages 18–85)	IND	SINGLE PARENT	FAMILY
	\$3.20	\$5.10	\$6.40
Preventive Care rider (ages 18–85)	IND	SINGLE PARENT	FAMILY
	\$7.60	\$9.40	\$14.00
Death Benefit rider (ages 18–85)	IND	SINGLE PARENT	FAMILY
18–39	\$1.00	\$1.30	\$1.90
40–49	\$2.00	\$2.50	\$3.70
50–54	\$3.00	\$3.80	\$5.60
55–59	\$4.40	\$5.50	\$8.10
60–64	\$6.00	\$7.50	\$11.20
65–85	\$9.30	\$11.70	\$17.40

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How to calculate billing and deduction amounts

To calculate installment rates:

1. Add all monthly coverage rates.
2. Multiply by 12.
3. Divide by the mode (number of payments per year), and round to the nearest penny.

Example: 13-pay group*
Family coverage for Base Plan C, Alternative Care rider, and Preventive Care rider with Cash Value.

1. Add:	
Cancer	\$52.70
Alternative Care rider	\$11.50
Preventive Care rider	\$25.20
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Total monthly rate	\$89.40
2. Multiply:	
Total monthly rate	\$89.40
	x 12
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Total annual rate	\$1,072.80
3. Divide:	
Total annual rate	\$1,072.80
Mode	÷ 13
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Total installment rate	\$82.52

To calculate annual rates:

1. Add all monthly Washington National Solutions Cancer and rider coverages and multiply each by 12.
2. Add the totals.

Example: Annual rate*
Family coverage for Base Plan C, Alternative Care rider, and Preventive Care rider with Cash Value.

1. Plan:**	
Cancer	\$52.70 x 12 = \$632.40
Alternative Care rider	\$11.50 x 12 = \$138.00
Preventive Care rider	\$25.20 x 12 = \$302.40
2. Add:	
Cancer	\$632.40
Alternative Care rider	\$138.00
Preventive Care rider	\$302.40
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Total annual rate	\$1,072.80

*The above rates are shown as an example only. A discount is not offered for the annual rates on this product.
 **In situations where plans have added riders, separate billings will be made for each plan.

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