

Life and Health Insurance Program for Members of CMA Canada

MONTHLY INSURANCE PREMIUM RATES

TERM LIFE – MONTHLY RATES PER \$1,000 OF BENEFIT

Age	NON-SMOKER		SMOKER	
	Male	Female	Male	Female
Under 31	\$0.053	\$0.035	\$0.093	\$0.046
31 to 35	0.053	0.035	0.093	0.046
36 to 40	0.062	0.053	0.130	0.084
41 to 45	0.087	0.063	0.184	0.117
46 to 50	0.152	0.106	0.296	0.168
51 to 55	0.251	0.167	0.513	0.313
56 to 60	0.465	0.274	0.738	0.441
61 to 65	0.734	0.439	1.369	0.689
66 to 69	1.293	0.814	1.554	1.033
70 to 74	2.715	1.791	3.264	2.273

DEPENDENT LIFE MONTHLY RATES

\$1.58* Spouse – \$10,000
Each child – \$5,000

*Per family regardless of number of children

FIO - FUTURE INSURABILITY OPTION (MALE AND FEMALE)

Monthly premium **\$5.00/per person**

ACCIDENTAL DEATH & DISMEMBERMENT MONTHLY RATES PER \$1,000 OF BENEFIT

Member only **\$0.034**
Member & Family **\$0.045**

GUARANTEED ISSUE RATES FOR NEW CERTIFIED MEMBERS 120 DAY E.P.* - MONTHLY RATES PER \$100 MONTHLY BENEFIT

Age	LTD	With COLA [†]
Under 30	\$0.44	\$0.55
30 to 39	0.50	0.62
40 to 44	0.67	0.83
45 to 49	1.00	1.25
50 to 54	1.53	1.91
55 to 59	2.22	2.78
60 to 64	2.89	3.61
65 to 69	2.75	2.75

[†]COLA – Cost of Living Adjustment
*E.P. – Elimination Period

LONG TERM DISABILITY – MONTHLY RATES PER \$100 MONTHLY BENEFIT

Age	PLAN A 30 Day Elimination Period				PLAN B 90 Day Elimination Period			
	With LTD	With COLA	With Own OCC	COLA Own OCC	With LTD	With COLA	With Own OCC	COLA Own OCC
	Under 30	\$1.06	\$1.32	\$1.42	\$1.69	\$0.55	\$0.69	\$0.75
30 to 39	1.33	1.67	1.80	2.13	0.72	0.90	0.98	1.16
40 to 44	2.00	2.50	2.70	3.20	1.22	1.53	1.65	1.95
45 to 49	2.92	3.64	3.94	4.66	2.00	2.50	2.70	3.20
50 to 54	4.08	5.10	5.51	6.53	3.22	4.03	4.35	5.15
55 to 59	4.37	5.46	5.89	6.98	3.66	4.58	4.95	5.86
60 to 64	4.37	5.46	5.89	6.98	3.66	4.58	4.95	5.86
65 to 69	4.71	N/A	N/A	N/A	4.02	N/A	N/A	N/A

LONG TERM DISABILITY – MONTHLY RATES PER \$100 MONTHLY BENEFIT

Age	PLAN C 120 Day Elimination Period				PLAN D 180 Day Elimination Period			
	With LTD	With COLA	With Own OCC	COLA Own OCC	With LTD	With COLA	With Own OCC	COLA Own OCC
Under 30	\$0.50	\$0.62	\$0.67	\$0.80	\$0.44	\$0.55	\$0.60	\$0.71
30 to 39	0.67	0.83	0.90	1.07	0.55	0.69	0.75	0.89
40 to 44	1.11	1.39	1.50	1.78	1.00	1.25	1.35	1.60
45 to 49	1.89	2.36	2.55	3.02	1.78	2.22	2.40	2.84
50 to 54	3.00	3.75	4.05	4.80	2.64	3.30	3.56	4.22
55 to 59	3.44	4.30	4.65	5.51	2.85	3.56	3.85	4.56
60 to 64	3.44	4.30	4.65	5.51	2.85	3.56	3.85	4.56
65 to 69	3.81	N/A	N/A	N/A	3.24	N/A	N/A	N/A

*Rates effective February 1, 2007
and are subject to change and applicable taxes.*

PLAN 1 - EXTENDED HEALTH CARE – MONTHLY RATES								
		BC	AB	SASK	MB	ON	PQ	ATL
SINGLE	Under 35	\$19.77	\$35.35	\$23.43	\$22.91	\$44.61	\$50.40	\$40.54
FAMILY	35 to 44	22.43	40.18	26.62	26.03	50.68	57.26	46.04
	45 to 54	32.42	58.06	38.46	37.62	73.22	82.75	66.56
	55 to 69	56.34	100.84	66.79	65.34	127.17	143.69	115.59
	Under 35	41.37	74.03	48.49	47.99	93.38	105.51	84.89
	35 to 44	62.73	112.32	74.42	72.80	141.63	160.04	128.75
	45 to 54	79.13	141.68	93.91	91.84	178.66	201.88	162.40
	55 to 69	115.47	206.69	136.98	133.97	260.65	294.56	236.97

PLAN 2 - EXTENDED HEALTH CARE – MONTHLY RATES								
		BC	AB	SASK	MB	ON	PQ	ATL
SINGLE	Under 35	\$24.12	\$43.13	\$28.59	\$27.95	\$54.42	\$61.47	\$49.47
FAMILY	35 to 44	27.36	49.02	32.50	31.76	61.81	69.85	56.16
	45 to 54	39.56	70.84	46.91	45.90	89.32	100.95	81.20
	55 to 69	68.73	123.02	81.49	79.73	155.15	175.30	141.03
	Under 35	50.46	90.32	59.15	58.56	113.92	128.72	103.57
	35 to 44	76.54	137.01	90.79	88.81	172.78	195.25	157.07
	45 to 54	96.54	172.85	114.56	112.04	217.96	246.29	198.14
	55 to 69	140.88	252.17	167.12	163.44	317.99	359.36	289.10

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PLAN 1 - DENTAL CARE – MONTHLY RATES

		BC	AB	SASK	MB	ON	PQ	ATL
SINGLE	Under 35	\$69.41	\$69.45	\$39.40	\$45.94	\$64.27	\$46.97	\$41.55
	35 to 44	70.23	70.28	39.88	46.52	65.04	47.54	42.04
FAMILY	45 to 54	60.69	60.73	34.45	40.18	56.19	41.08	36.31
	55 to 69	37.33	37.36	21.19	24.72	34.58	25.24	22.31
	Under 35	145.76	145.86	82.74	96.50	134.98	98.66	87.28
	35 to 44	187.31	187.40	106.30	124.01	173.43	126.75	112.12
	45 to 54	162.19	162.29	92.05	107.37	150.18	109.77	97.09
	55 to 69	78.40	78.45	44.51	51.91	72.59	53.05	46.90

PLAN 2 - DENTAL CARE – MONTHLY RATES

		BC	AB	SASK	MB	ON	PQ	ATL
SINGLE	Under 35	\$72.88	\$72.92	\$41.36	\$48.24	\$67.48	\$49.32	\$43.63
	35 to 44	73.75	73.79	41.86	48.84	68.29	49.92	44.14
FAMILY	45 to 54	63.72	63.77	36.17	42.19	58.99	43.13	38.13
	55 to 69	39.19	39.23	22.25	25.96	36.30	26.50	23.43
	Under 35	153.05	153.14	86.89	101.31	141.73	103.59	91.64
	35 to 44	196.68	196.78	111.62	130.21	182.10	133.08	117.73
	45 to 54	170.31	170.39	96.66	112.75	157.69	115.26	101.96
	55 to 69	82.32	82.37	46.74	54.51	76.22	55.70	49.26

CRITICAL ILLNESS - 18 IMPAIRMENT MONTHLY PREMIUM PER \$10,000

Age	NON-SMOKER		SMOKER	
	Male	Female	Male	Female
Under 30	\$1.29	\$1.33	\$1.38	\$1.41
30 to 34	1.60	1.81	1.94	2.12
35 to 39	2.04	2.27	2.91	3.06
40 to 44	3.01	3.09	5.26	5.01
45 to 49	4.73	4.27	9.60	8.00
50 to 54	6.82	5.63	15.21	11.83
55 to 59	9.89	7.00	23.43	15.86
60 to 64	16.53	11.84	39.08	26.75

Program endorsed by:



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Sun Life Assurance Company of Canada is a member
of the Sun Life Financial group of companies.