

Whole Life Insurance Request

- Special GECU Member Group Rate Offer -

Simplified Issue Whole Life

Annual premium per \$1,000 of coverage

Actual Age	Male NonTob	Male Tob	Female NonTob	Female Tob
45	25.95	35.40	20.26	26.40
46	27.06	36.11	20.91	26.77
47	27.98	36.71	21.66	27.22
48	28.71	37.16	22.49	27.75
49	29.63	37.74	23.43	28.36
50	30.84	38.50	24.47	29.00
51	31.67	39.95	25.39	30.55
52	32.68	41.70	26.43	32.22
53	33.85	43.81	27.52	34.03
54	35.33	46.32	28.67	35.96
55	36.99	49.00	29.99	38.00
56	38.69	52.03	31.09	39.68
57	40.33	54.83	32.26	41.37
58	41.98	57.50	33.46	43.14
59	43.91	60.64	34.70	45.03
60	46.25	64.50	35.99	47.00
61	48.74	68.54	37.55	49.33
62	51.62	73.18	39.20	51.80
63	54.78	78.16	40.95	54.33
64	58.07	83.14	42.86	57.06
65	61.50	88.00	44.99	60.00
66	65.36	93.47	47.39	62.59
67	69.39	99.00	50.07	65.47
68	73.65	104.65	53.04	68.62
69	78.42	110.87	56.27	72.08
70	84.00	118.00	59.93	76.00
71	89.76	125.82	64.39	79.78
72	96.49	134.90	69.28	83.89
73	103.58	144.06	74.61	88.38
74	111.20	153.98	80.51	93.07
75	119.50	165.00	87.00	98.00
76	128.21	174.63	93.68	104.74
77	138.34	185.78	101.08	112.01
78	150.11	198.55	109.15	119.85
79	163.30	212.62	118.00	128.29
80	178.00	228.00	129.00	138.80

Add \$60 annual policy fee

Non-tobacco means no tobacco use of any kind in the past 12 months.

This rate sheet will provide you with an estimate for the cost of coverage. If you are interested in finding out more, please fill-out the short form below and send it to us.

In addition to the attached form, you may contact Insurance Services professionals anytime for more information:

- Visit our website at: www.gecreditunion.org, mouse over "Products & Services," and then click "Insurance Services"
- Email our Insurance Services professional for more details at: insurance@gecreditunion.org
- Call Insurance Services: 513.243.8100 during regular business hours: Monday - Friday, 9 a.m. to 5 p.m.
- Meet with an Insurance Services professional at our Reading Road office, in the Financial Mall (*appointments are available*)

Rate calculation:

[Multiply cost per \$1,000 of coverage at your age by amount of coverage in thousands*] + policy fee = annual cost. For other mode, multiply annual cost by modal factor:

Annual	= 1.0
Semi-annual	= 0.52
Quarterly	= 0.26
Bank draft	= 0.086

Accidental Death Benefit (ADB):

For an additional \$1.75 per thousand of coverage, you can receive this benefit. The amount of ADB coverage must equal the base amount of the Whole Life policy.

By filling-out the form below, you are only indicating an interest in this product. There is no cost or obligation if you decide not to purchase this policy.

Once the form is completed, please fold this postage-paid form, tape it shut, and drop it in the mail. Upon receipt of this form, we will direct your request to our Insurance Services professional and they will contact you.

Member Name: _____ Date of Birth: _____ Phone Number: _____

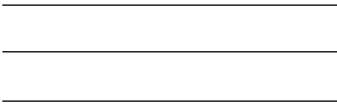
Address: _____ City: _____ St: _____

Name of Physician: _____ Phone Number: _____

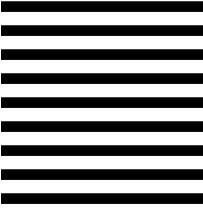
Address: _____ City: _____ St: _____

Prescribed Medication(s)	Name Brand	Dosage	Name Brand	Dosage
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Certain medications may cause you to be ineligible for coverage for Simplified Issue Whole Life (your Insurance Services professional should refer to a list of ineligible prescriptions). Insurance offered through Motorists Life Insurance Company. Motorists Life Insurance company is an affiliate of The Motorists Insurance Group. Coverage may not be available in all areas. Ask for full details.



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