

## Endeavor Health Disability Quote Sheet

Payment Mode	Monthly		
	Issue Age		
Face Amount	18-49	50-64	65-74
\$200 /month	7.88	8.22	10.26
\$300 /month	11.82	12.33	15.39
\$400 /month	15.76	16.44	20.52
\$500 /month	19.70	20.55	25.65
\$600 /month	23.64	24.66	30.78
\$700 /month	27.58	28.77	35.91
\$800 /month	31.52	32.88	41.04
\$900 /month	35.46	36.99	46.17
\$1,000 /month	39.40	41.10	51.30
\$1,100 /month	43.34	45.21	56.43
\$1,200 /month	47.28	49.32	61.56
\$1,300 /month	51.22	53.43	66.69
\$1,400 /month	55.16	57.54	71.82
\$1,500 /month	59.10	61.65	76.95
\$1,600 /month	63.04	65.76	82.08
\$1,700 /month	66.98	69.87	87.21
\$1,800 /month	70.92	73.98	92.34
\$1,900 /month	74.86	78.09	97.47
\$2,000 /month	78.80	82.20	102.60
\$2,100 /month	82.74	86.31	107.73
\$2,200 /month	86.68	90.42	112.86
\$2,300 /month	90.62	94.53	117.99
\$2,400 /month	94.56	98.64	123.12
\$2,500 /month	98.50	102.75	128.25
\$2,600 /month	102.44	106.86	133.38
\$2,700 /month	106.38	110.97	138.51
\$2,800 /month	110.32	115.08	143.64
\$2,900 /month	114.26	119.19	148.77
\$3,000 /month	118.20	123.30	153.90
\$3,100 /month	122.14	127.41	159.03
\$3,200 /month	126.08	131.52	164.16
\$3,300 /month	130.02	135.63	169.29
\$3,400 /month	133.96	139.74	174.42
\$3,500 /month	137.90	143.85	179.55
\$3,600 /month	141.84	147.96	184.68
\$3,700 /month	145.78	152.07	189.81
\$3,800 /month	149.72	156.18	194.94
\$3,900 /month	153.66	160.29	200.07
\$4,000 /month	157.60	164.40	205.20

Face Amount	Issue Age		
	18-49	50-64	65-74
\$4,100 /month	161.54	168.51	210.33
\$4,200 /month	165.48	172.62	215.46
\$4,300 /month	169.42	176.73	220.59
\$4,400 /month	173.36	180.84	225.72
\$4,500 /month	177.30	184.95	230.85
\$4,600 /month	181.24	189.06	235.98
\$4,700 /month	185.18	193.17	241.11
\$4,800 /month	189.12	197.28	246.24
\$4,900 /month	193.06	201.39	251.37
\$5,000 /month	197.00	205.50	256.50

Flat Premium Add-On (Pay Mode)