

YOUR COST

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Premium contributions will vary depending upon the options chosen.

Only nonsmokers meeting the highest underwriting standards will qualify for "Preferred" rates.

Other nonsmokers may qualify for the higher "Select" or "Standard" rates. (Note: Smokers may only qualify for Standard Rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

Current 2025 "Select" Annual Premium Contributions † Per \$1,000 Benefit Amount						
	Face Amounts \$100,000 - \$249,000††		Face Amounts \$250,000 - \$499,000††		Face Amounts \$500,000 - Max ††	
Issue Age	MALE	FEMALE*	MALE	FEMALE*	MALE	FEMALE*
20-35	\$0.78	\$0.72	\$0.56	\$0.48	\$0.52	\$0.45
36	0.82	0.74	0.59	0.52	0.54	0.47
37	0.84	0.77	0.60	0.54	0.56	0.48
38	0.88	0.81	0.65	0.58	0.60	0.53
39	0.93	0.86	0.70	0.62	0.65	0.58
40	0.98	0.90	0.75	0.66	0.70	0.62
41	1.04	0.96	0.81	0.72	0.75	0.68
42	1.12	1.02	0.88	0.78	0.83	0.74
43	1.19	1.11	0.95	0.87	0.90	0.81
44	1.29	1.18	1.05	0.94	0.99	0.89
45	1.38	1.26	1.14	1.01	1.08	0.96
46	1.50	1.32	1.25	1.08	1.19	1.02
47	1.62	1.40	1.38	1.16	1.32	1.10
48	1.77	1.48	1.52	1.24	1.46	1.18
49	1.92	1.56	1.66	1.31	1.60	1.25
50	2.10	1.67	1.83	1.41	1.77	1.35
51	2.28	1.76	2.02	1.50	1.94	1.44
52	2.46	1.86	2.21	1.62	2.13	1.55
53	2.69	1.98	2.40	1.73	2.34	1.66
54	2.92	2.10	2.64	1.86	2.56	1.79

55	3.18	2.26	2.90	1.98	2.81	1.92
56	3.45	2.40	3.17	2.14	3.08	2.06
57	3.74	2.56	3.42	2.28	3.32	2.22
58	4.06	2.75	3.75	2.48	3.65	2.40
59	4.43	2.94	4.11	2.67	4.00	2.58
60	4.88	3.18	4.54	2.87	4.43	2.79
61	5.38	3.48	5.04	3.18	4.92	3.10
62	5.97	3.78	5.64	3.50	5.51	3.41
63	6.63	4.17	6.30	3.87	6.16	3.77
64	7.38	4.56	7.05	4.25	6.89	4.14

†Payable semiannually, or via the monthly Electronic Funds Transfer (EFT) option as described previously.

††As previously noted, member and spouse benefits under this policy are available in \$10,000 multiples.

*Male rates apply to all coverage issued to Montana residents, regardless of a person's sex.

The current annual premium for all eligible children is \$6.60 for \$10,000 of life insurance.

The premium contributions shown reflect the current rate and benefit structure. Premium contributions may be changed by New York Life Insurance Company on any premium due date, but not more than once in any 12-month period, and any date on which benefits are changed. However, your rates may change only if they are changed for all others in the same class of insureds. Benefit options are not guaranteed and are subject to change by agreement between New York Life and the Trustee of the Life Insurance for Members of the American Society of Mechanical Engineers.

YOUR COST

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Premium contributions will vary depending upon the options chosen.

Only nonsmokers meeting the highest underwriting standards will qualify for "Preferred" rates.

Other nonsmokers may qualify for the higher "Select" or "Standard" rates. (Note: Smokers may only qualify for Standard Rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

Current 2025 "Preferred" Annual Premium Contributions † Per \$1,000 Benefit Amount						
	Face Amounts \$100,000 - \$249,000††		Face Amounts \$250,000 - \$499,000††		Face Amounts \$500,000 - Max ††	
Issue Age	MALE	FEMALE*	MALE	FEMALE*	MALE	FEMALE*
20-35	\$0.70	\$0.63	\$0.47	\$0.41	\$0.42	\$0.36
36	0.71	0.64	0.48	0.42	0.42	0.36
37	0.72	0.68	0.48	0.44	0.45	0.40
38	0.77	0.71	0.52	0.48	0.47	0.42
39	0.81	0.74	0.54	0.52	0.48	0.47
40	0.84	0.78	0.58	0.54	0.53	0.50
41	0.89	0.83	0.62	0.60	0.58	0.54
42	0.95	0.88	0.70	0.65	0.65	0.60
43	1.01	0.95	0.77	0.71	0.72	0.66
44	1.07	1.01	0.84	0.77	0.78	0.72
45	1.17	1.06	0.93	0.83	0.87	0.78
46	1.26	1.13	1.01	0.89	0.96	0.84
47	1.38	1.18	1.10	0.94	1.04	0.89
48	1.48	1.24	1.18	1.00	1.12	0.94
49	1.62	1.31	1.29	1.06	1.23	1.00
50	1.76	1.38	1.41	1.13	1.35	1.08
51	1.91	1.48	1.56	1.22	1.49	1.16
52	2.04	1.59	1.73	1.32	1.66	1.26
53	2.21	1.70	1.91	1.43	1.84	1.37
54	2.40	1.82	2.10	1.56	2.04	1.49

55	2.60	1.94	2.33	1.68	2.25	1.61
56	2.82	2.04	2.55	1.79	2.46	1.72
57	3.05	2.16	2.78	1.89	2.69	1.83
58	3.33	2.28	3.04	2.02	2.96	1.94
59	3.64	2.43	3.35	2.16	3.24	2.09
60	4.00	2.61	3.70	2.34	3.60	2.27
61	4.41	2.85	4.11	2.58	4.00	2.50
62	4.85	3.12	4.58	2.86	4.47	2.78
63	5.37	3.44	5.10	3.18	4.98	3.10
64	5.98	3.78	5.69	3.53	5.56	3.42

†Payable semiannually, or via the monthly Electronic Funds Transfer (EFT) option as described previously.

††As previously noted, member and spouse benefits under this policy are available in \$10,000 multiples.

*Male rates apply to all coverage issued to Montana residents, regardless of a person's sex.

The current annual premium for all eligible children is \$6.60 for \$10,000 of life insurance.

The premium contributions shown reflect the current rate and benefit structure. Premium contributions may be changed by New York Life Insurance Company on any premium due date, but not more than once in any 12-month period, and any date on which benefits are changed. However, your rates may change only if they are changed for all others in the same class of insureds. Benefit options are not guaranteed and are subject to change by agreement between New York Life and the Trustee of the Life Insurance for Members of the American Society of Mechanical Engineers.

YOUR COST

The cost of this life insurance is based upon the member and spouse's gender, amount of insurance requested, usage of tobacco/nicotine products, health status, and attained age on the date coverage is issued. Premium contributions will vary depending upon the options chosen.

Only nonsmokers meeting the highest underwriting standards will qualify for "Preferred" rates.

Other nonsmokers may qualify for the higher "Select" or "Standard" rates. (Note: Smokers may only qualify for Standard Rates.) Upon approval of your application, you will be notified of the rate classification for each approved person.

Current 2025 "Standard" Annual Premium Contributions † Per \$1,000 Benefit Amount						
	Face Amounts \$100,000 - \$249,000††		Face Amounts \$250,000 - \$499,000††		Face Amounts \$500,000 - Max ††	
Issue Age	MALE	FEMALE*	MALE	FEMALE*	MALE	FEMALE*
20-23	\$1.91	\$1.62	\$1.66	\$1.40	\$1.60	\$1.34
24-25	1.92	1.392	1.68	1.40	1.61	1.34
26-27	1.92	1.62	1.68	1.40	1.62	1.34
28	1.94	1.64	1.70	1.41	1.64	1.35
29	1.96	1.64	1.71	1.41	1.65	1.35
30-34	1.97	1.67	1.73	1.42	1.66	1.36
35	2.03	1.70	1.79	1.46	1.72	1.40
36	2.12	1.78	1.86	1.54	1.80	1.48
37	2.25	1.91	1.98	1.66	1.92	1.60
38	2.39	2.06	2.14	1.82	2.06	1.74
39	2.58	2.25	2.33	1.98	2.25	1.92
40	2.79	2.40	2.54	2.15	2.46	2.08
41	3.05	2.58	2.79	2.33	2.70	2.25
42	3.35	2.76	3.08	2.51	2.99	2.43
43	3.69	2.99	3.41	2.72	3.30	2.63
44	4.06	3.20	3.77	2.94	3.66	2.85
45	4.44	3.44	4.14	3.17	4.04	3.08
46	4.88	3.69	4.56	3.41	4.46	3.30
47	5.34	3.96	5.04	3.66	4.92	3.57
48	5.85	4.25	5.52	3.95	5.40	3.84

49	6.36	4.54	6.03	4.24	5.90	4.13
50	6.89	4.84	6.54	4.53	6.40	4.42
51	7.40	5.15	7.04	4.83	6.88	4.72
52	7.89	5.46	7.52	5.15	7.36	5.03
53	8.40	5.80	8.03	5.48	7.86	5.34
54	8.99	6.14	8.61	5.80	8.42	5.67
55	9.96	6.48	9.24	6.15	9.06	6.00
56	10.41	6.80	9.98	6.46	9.77	6.30
57	11.20	7.10	10.76	6.75	10.55	6.60
58	12.10	7.42	11.64	7.06	11.42	6.90
59	13.16	7.83	12.68	7.46	12.42	7.30
60	14.39	8.37	13.89	7.98	13.62	7.82
61	15.74	9.06	15.20	8.67	14.92	8.49
62	17.20	9.89	16.62	9.48	16.32	9.29
63	18.92	10.84	18.30	10.40	17.97	10.19
64	21.02	11.90	20.40	11.44	20.03	11.21

†Payable semiannually, or via the monthly Electronic Funds Transfer (EFT) option as described previously.

††As previously noted, member and spouse benefits under this policy are available in \$10,000 multiples.

*Male rates apply to all coverage issued to Montana residents, regardless of a person's sex.

The current annual premium for all eligible children is \$6.60 for \$10,000 of life insurance.

Note: Premiums are guaranteed to remain level for the first 10 years of coverage. Then, if still eligible, you may reapply for 10-year level rates then in effect for a subsequent 10-year term; rates for a subsequent term would be determined based on the insured person's then current age, health and tobacco/nicotine use and guaranteed for 10 years. If you or your spouse are not approved for a subsequent 10-year term of guaranteed rates, or do not apply for a subsequent 10-year term, coverage will continue in force on a non-guaranteed basis with increasing premiums as the insured ages.

The premium contributions shown reflect the current rate and benefit structure. Premium contributions may be changed by New York Life Insurance Company on any premium due date, but not more than once in any 12-month period, and any date on which benefits are changed. However, your rates may change only if they are changed for all others in the same class of insureds. Benefit options are not guaranteed and are subject to change by agreement between New York Life and the Trustee of the Life Insurance for Members of the American Society of Mechanical Engineers.