



AICPA Level Premium Term and Spouse Level Premium Term Life Insurance Rates

Visit cpai.com/lpt for more information, or to use our online rate calculator and apply.

There are three different rate classes under the AICPA Level Premium Term and Spouse Level Premium Term (LPT) Life Insurance Plans—Standard, Select, and Preferred. If you are approved for coverage before you turn age 45, you will pay Preferred rates, the lowest rates available, for the length of your term; at age 45 and older, you will receive either Preferred, Select or Standard rates based on your current health status. LPT coverage is issued by **The Prudential Insurance Company of America** and is available exclusively to AICPA members and their spouses. Rates and amounts available are based on your age when you apply for coverage: up to \$2.5 million if you are less than age 55, up to \$2 million if you are age 55-64, and up to \$1.5 million if you are age 65.¹

Please note: Annual Cash Refunds are not reflected in the rates below but may lower your overall cost of coverage. The money not used for claims, expenses and other charges is distributed back to the Plan's participants as an Annual Cash Refund. These refunds vary year to year, and while not guaranteed, Plan participants have received Annual Cash Refunds from the AICPA Insurance Trust every year, without fail, since each Life Insurance Plan's inception. In the 2020 Policy year, most Plan participants saved 12% on gross costs for LPT coverage.²

Level Period Monthly Contribution Premium Rates per \$10,000 of Term Coverage

Male				10-Year Rates without Waiver or AD&D								
Insured's Age	\$100,000-\$249,000			\$250,000-\$499,000			\$500,000-\$999,000			\$1,000,000-\$2,500,000		
	Preferred	Select	Standard	Preferred	Select	Standard	Preferred	Select	Standard	Preferred	Select	Standard
18-22	\$0.66	—	—	\$0.44	—	—	\$0.36	—	—	\$0.32	—	—
23-32	0.68	—	—	0.44	—	—	0.36	—	—	0.32	—	—
33	0.68	—	—	0.46	—	—	0.38	—	—	0.34	—	—
34	0.68	—	—	0.46	—	—	0.38	—	—	0.34	—	—
35	0.68	—	—	0.46	—	—	0.38	—	—	0.34	—	—
36	0.68	—	—	0.46	—	—	0.38	—	—	0.34	—	—
37	0.70	—	—	0.46	—	—	0.38	—	—	0.34	—	—
38	0.74	—	—	0.50	—	—	0.42	—	—	0.38	—	—
39	0.76	—	—	0.52	—	—	0.44	—	—	0.40	—	—
40	0.80	—	—	0.56	—	—	0.48	—	—	0.44	—	—
41	0.84	—	—	0.60	—	—	0.52	—	—	0.48	—	—
42	0.90	—	—	0.66	—	—	0.58	—	—	0.54	—	—
43	0.98	—	—	0.74	—	—	0.66	—	—	0.62	—	—
44	1.04	—	—	0.80	—	—	0.72	—	—	0.68	—	—
45	1.12	\$1.34	\$4.24	0.88	\$1.10	\$4.00	0.80	\$1.02	\$3.92	0.76	\$0.98	\$3.88
46	1.20	1.46	4.66	0.96	1.22	4.42	0.88	1.14	4.34	0.84	1.10	4.30
47	1.30	1.62	5.12	1.06	1.38	4.88	0.98	1.30	4.80	0.94	1.26	4.76
48	1.38	1.76	5.58	1.14	1.52	5.34	1.06	1.44	5.26	1.02	1.40	5.22
49	1.50	1.94	6.10	1.26	1.70	5.86	1.18	1.62	5.78	1.14	1.58	5.74
50	1.64	2.12	6.60	1.38	1.88	6.36	1.30	1.80	6.28	1.26	1.76	6.24
51	1.80	2.30	7.08	1.52	2.06	6.84	1.44	1.98	6.76	1.40	1.94	6.72
52	1.92	2.50	7.56	1.68	2.26	7.32	1.60	2.18	7.24	1.56	2.14	7.20
53	2.10	2.70	8.06	1.86	2.46	7.82	1.78	2.38	7.74	1.74	2.34	7.70
54	2.32	2.96	8.62	2.08	2.72	8.38	2.00	2.64	8.30	1.96	2.60	8.26
55	2.56	3.20	9.28	2.32	2.96	9.04	2.24	2.88	8.96	2.20	2.84	8.92
56	2.78	3.48	10.22	2.54	3.24	9.98	2.46	3.16	9.90	2.42	3.12	9.86
57	3.02	3.72	11.24	2.78	3.48	11.00	2.70	3.40	10.92	2.66	3.36	10.88
58	3.30	4.06	12.16	3.06	3.82	11.92	2.98	3.74	11.84	2.94	3.70	11.80
59	3.60	4.42	13.24	3.36	4.18	13.00	3.28	4.10	12.92	3.24	4.06	12.88
60	3.96	4.88	14.50	3.72	4.64	14.26	3.64	4.56	14.18	3.60	4.52	14.14
61	4.40	5.40	15.92	4.16	5.16	15.68	4.08	5.08	15.60	4.04	5.04	15.56
62	4.90	5.98	17.42	4.66	5.74	17.18	4.58	5.66	17.10	4.54	5.62	17.06
63	5.46	6.64	19.20	5.22	6.40	18.96	5.14	6.32	18.88	5.10	6.28	18.84
64	6.06	7.40	21.42	5.82	7.16	21.18	5.74	7.08	21.10	5.70	7.04	21.06
65	6.74	8.26	23.90	6.50	8.02	23.66	6.42	7.94	23.60	6.38	7.90	23.56

Please note: Gender-based rates are prohibited in Montana; male rates apply.

1 Rates are based on your spouse's age when they apply for coverage. The amount of Spouse coverage cannot exceed the amount you are eligible for as a member.

2 Annual Cash Refund distribution percentages are based on the participant's age, rate class, payment basis, and any Annual Cash Refund enhancement they are eligible for.

Level Period Monthly Contribution Premium Rates per \$10,000 of Term Coverage

Male				20-Year Rates without Waiver or AD&D								
Insured's Age	\$100,000-\$249,000			\$250,000-\$499,000			\$500,000-\$999,000			\$1,000,000-\$2,500,000		
	Preferred	Select	Standard	Preferred	Select	Standard	Preferred	Select	Standard	Preferred	Select	Standard
18-35	\$1.00	–	–	\$0.76	–	–	\$0.68	–	–	\$0.64	–	–
36	1.02	–	–	0.78	–	–	0.70	–	–	0.66	–	–
37	1.08	–	–	0.80	–	–	0.72	–	–	0.68	–	–
38	1.16	–	–	0.84	–	–	0.76	–	–	0.72	–	–
39	1.24	–	–	0.90	–	–	0.82	–	–	0.78	–	–
40	1.36	–	–	0.96	–	–	0.88	–	–	0.84	–	–
41	1.46	–	–	1.06	–	–	0.98	–	–	0.94	–	–
42	1.58	–	–	1.18	–	–	1.10	–	–	1.06	–	–
43	1.74	–	–	1.30	–	–	1.22	–	–	1.18	–	–
44	1.88	–	–	1.42	–	–	1.34	–	–	1.30	–	–
45	2.04	\$2.76	\$6.46	1.52	\$2.32	\$6.02	1.44	\$2.24	\$5.94	1.40	\$2.20	\$5.90
46	2.20	3.00	6.88	1.64	2.50	6.56	1.56	2.42	6.48	1.52	2.38	6.44
47	2.36	3.20	7.26	1.78	2.68	7.02	1.70	2.60	6.94	1.66	2.56	6.90
48	2.50	3.42	7.66	1.94	2.88	7.42	1.86	2.80	7.34	1.82	2.76	7.30
49	2.68	3.74	8.08	2.12	3.20	7.84	2.04	3.12	7.76	2.00	3.08	7.72
50	2.94	4.08	8.56	2.30	3.54	8.32	2.22	3.46	8.24	2.18	3.42	8.20
51	3.20	4.52	9.08	2.46	3.86	8.84	2.38	3.78	8.76	2.34	3.74	8.72
52	3.52	5.06	9.64	2.64	4.28	9.40	2.56	4.20	9.32	2.52	4.16	9.28
53	3.88	5.68	10.20	2.84	4.82	9.96	2.76	4.74	9.88	2.72	4.70	9.84
54	4.30	6.34	10.80	3.08	5.40	10.56	3.00	5.32	10.48	2.96	5.28	10.44
55	4.78	7.08	11.44	3.36	6.06	11.20	3.28	5.98	11.12	3.24	5.94	11.08

Please note: Gender-based rates are prohibited in Montana; male rates apply.

Additional Coverage Options

The cost for the Optional Accidental Death & Dismemberment (AD&D) coverage and Disability Waiver, also known as Waiver of Contribution, is in addition to the cost of your LPT coverage. Rates are shown per \$10,000 of the LPT coverage amount you choose.

Dependent Child Coverage includes all eligible dependent children; cost deducted from any future Annual Cash Refunds.....\$6.00/year

Optional AD&D Rate per \$10,000[†]

AD&D amount is equal to Term Life Insurance. Cost is based on the Insured's Age and Term Period elected.

Insured's Age	10-Year Level Period	20-Year Level Period	Insured's Age	10-Year Level Period	20-Year Level Period
18-46	\$0.20	\$0.20	59	\$0.24	–
47-50	0.20	0.22	60	0.26	–
51-54	0.20	0.24	61	0.26	–
55	0.20	0.26	62	0.28	–
56	0.22	–	63	0.28	–
57	0.22	–	64	0.30	–
58	0.24	–	65	0.30	–

[†]Optional AD&D coverage ends at attained age 75

Optional Disability Waiver

Premium contributions are waived if you become totally disabled.* Not available for age 60 or over. Cost is based on the Member's Age, Gender, Term Period, and LPT coverage amount elected.

Male 10-Year Rate per \$10,000				
Member's Age	\$100,000-249,000	\$250,000-499,000	\$500,000-999,000	\$1,000,000 & up
18-36	\$0.08	\$0.06	\$0.04	\$0.04
37	0.08	0.06	0.04	0.04
38	0.10	0.06	0.06	0.04
39	0.10	0.06	0.06	0.06
40	0.10	0.08	0.06	0.06
41	0.12	0.08	0.06	0.06
42	0.12	0.10	0.08	0.08
43	0.14	0.10	0.10	0.08
44	0.16	0.12	0.10	0.10

Male 20-Year Rate per \$10,000				
Member's Age	\$100,000-249,000	\$250,000-499,000	\$500,000-999,000	\$1,000,000 & up
18-31	\$0.12	\$0.10	\$0.08	\$0.08
32	0.12	0.10	0.08	0.08
33	0.14	0.10	0.08	0.08
34	0.14	0.10	0.10	0.08
35	0.14	0.10	0.10	0.08
36	0.14	0.10	0.10	0.10
37	0.16	0.12	0.10	0.10
38	0.16	0.12	0.12	0.10
39	0.18	0.14	0.12	0.12
40	0.20	0.14	0.14	0.12
41	0.22	0.16	0.16	0.14
42	0.24	0.18	0.18	0.16
43	0.28	0.20	0.20	0.18
44	0.30	0.24	0.22	0.22

*Optional Disability Waiver is not available under the Spouse LPT Plan.
Please note: Gender-based rates are prohibited in Montana; male rates apply.

For information regarding Waiver rates for ages 45+, please call 800.223.7473.

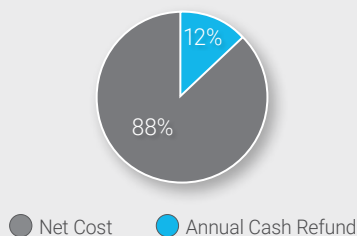
Level Period Monthly Contribution Premium Rates per \$10,000 of Term Coverage

Female				10-Year Rates without Waiver or AD&D								
Insured's Age	\$100,000-\$249,000			\$250,000-\$499,000			\$500,000-\$999,000			\$1,000,000-\$2,500,000		
	Preferred	Select	Standard	Preferred	Select	Standard	Preferred	Select	Standard	Preferred	Select	Standard
18-35	\$0.60	—	—	\$0.38	—	—	\$0.30	—	—	\$0.26	—	—
36	0.60	—	—	0.40	—	—	0.32	—	—	0.28	—	—
37	0.64	—	—	0.42	—	—	0.34	—	—	0.30	—	—
38	0.68	—	—	0.44	—	—	0.36	—	—	0.32	—	—
39	0.70	—	—	0.48	—	—	0.40	—	—	0.36	—	—
40	0.76	—	—	0.52	—	—	0.44	—	—	0.40	—	—
41	0.80	—	—	0.56	—	—	0.48	—	—	0.44	—	—
42	0.86	—	—	0.62	—	—	0.54	—	—	0.50	—	—
43	0.90	—	—	0.66	—	—	0.58	—	—	0.54	—	—
44	0.96	—	—	0.72	—	—	0.64	—	—	0.60	—	—
45	1.04	\$1.18	\$3.26	0.80	\$0.94	\$3.02	0.72	\$0.86	\$2.94	0.68	\$0.82	\$2.90
46	1.10	1.28	3.58	0.86	1.04	3.34	0.78	0.96	3.26	0.74	0.92	3.22
47	1.16	1.36	3.86	0.92	1.12	3.62	0.84	1.04	3.54	0.80	1.00	3.50
48	1.20	1.44	4.14	0.96	1.20	3.90	0.88	1.12	3.82	0.84	1.08	3.78
49	1.28	1.50	4.44	1.04	1.26	4.20	0.96	1.18	4.12	0.92	1.14	4.08
50	1.36	1.62	4.74	1.12	1.38	4.50	1.04	1.30	4.42	1.00	1.26	4.38
51	1.44	1.70	5.04	1.20	1.46	4.80	1.12	1.38	4.72	1.08	1.34	4.68
52	1.56	1.78	5.36	1.32	1.54	5.12	1.24	1.46	5.04	1.20	1.42	5.00
53	1.66	1.90	5.68	1.42	1.66	5.44	1.34	1.58	5.36	1.30	1.54	5.32
54	1.78	2.02	6.02	1.54	1.78	5.78	1.46	1.70	5.70	1.42	1.66	5.66
55	1.90	2.20	6.38	1.66	1.96	6.14	1.58	1.88	6.06	1.54	1.84	6.02
56	2.02	2.36	6.70	1.78	2.12	6.46	1.70	2.04	6.38	1.66	2.00	6.34
57	2.14	2.52	7.02	1.90	2.28	6.78	1.82	2.20	6.70	1.78	2.16	6.66
58	2.26	2.70	7.36	2.02	2.46	7.12	1.94	2.38	7.04	1.90	2.34	7.00
59	2.40	2.90	7.78	2.16	2.66	7.54	2.08	2.58	7.46	2.04	2.54	7.42
60	2.60	3.10	8.34	2.36	2.86	8.10	2.28	2.78	8.02	2.24	2.74	7.98
61	2.86	3.40	9.04	2.62	3.16	8.80	2.54	3.08	8.72	2.50	3.04	8.68
62	3.14	3.74	9.90	2.90	3.50	9.66	2.82	3.42	9.58	2.78	3.38	9.54
63	3.48	4.10	10.86	3.24	3.86	10.62	3.16	3.78	10.54	3.12	3.74	10.50
64	3.82	4.50	11.96	3.58	4.26	11.72	3.50	4.18	11.64	3.46	4.14	11.60
65	4.20	4.94	13.18	3.96	4.72	12.94	3.88	4.64	12.86	3.84	4.60	12.82

Please note: Gender-based rates are prohibited in Montana; male rates apply.

Annual Cash Refunds

All LPT participants



The chart to the left represents the percentage of gross costs returned to LPT participants in the 2020 Policy year, as an Annual Cash Refund and the net cost percentage.

The percentage shown includes a bonus refund of 2% for participants paying contributions annually. (1% bonus refund would apply for participants paying semiannually). The percentage reflected is an example of the most common percentage for each age group. A participant's Annual Cash Refund is increased by \$25.00 if a participant has more than one trust product. For participants making monthly Electronic Fund Transfer payments, their refund is increased by \$25.00. This refund may also be reduced by \$6.00 for insureds with Dependent Child coverage.

Level Period Monthly Contribution Premium Rates per \$10,000 of Term Coverage

Female				20-Year Rates without Waiver or AD&D								
Insured's Age	\$100,000-\$249,000			\$250,000-\$499,000			\$500,000-\$999,000			\$1,000,000-\$2,500,000		
	Preferred	Select	Standard	Preferred	Select	Standard	Preferred	Select	Standard	Preferred	Select	Standard
18-31	\$0.84	—	—	\$0.60	—	—	\$0.52	—	—	\$0.48	—	—
32	0.86	—	—	0.62	—	—	0.54	—	—	0.50	—	—
33	0.88	—	—	0.62	—	—	0.54	—	—	0.50	—	—
34	0.90	—	—	0.64	—	—	0.56	—	—	0.52	—	—
35	0.92	—	—	0.66	—	—	0.58	—	—	0.54	—	—
36	0.94	—	—	0.68	—	—	0.60	—	—	0.56	—	—
37	0.98	—	—	0.70	—	—	0.62	—	—	0.58	—	—
38	1.00	—	—	0.74	—	—	0.66	—	—	0.62	—	—
39	1.04	—	—	0.76	—	—	0.68	—	—	0.64	—	—
40	1.08	—	—	0.80	—	—	0.72	—	—	0.68	—	—
41	1.16	—	—	0.86	—	—	0.78	—	—	0.74	—	—
42	1.20	—	—	0.92	—	—	0.84	—	—	0.80	—	—
43	1.28	—	—	1.00	—	—	0.92	—	—	0.88	—	—
44	1.38	—	—	1.12	—	—	1.04	—	—	1.00	—	—
45	1.48	\$2.12	\$4.98	1.22	\$1.82	\$4.52	1.14	\$1.74	\$4.44	1.10	\$1.70	\$4.40
46	1.58	2.28	5.34	1.32	1.98	4.84	1.24	1.90	4.76	1.20	1.86	4.72
47	1.70	2.48	5.74	1.42	2.16	5.20	1.34	2.08	5.12	1.30	2.04	5.08
48	1.80	2.66	6.14	1.56	2.36	5.60	1.48	2.28	5.52	1.44	2.24	5.48
49	1.94	2.88	6.60	1.70	2.56	6.00	1.62	2.48	5.92	1.58	2.44	5.88
50	2.08	3.10	7.06	1.84	2.76	6.46	1.76	2.68	6.38	1.72	2.64	6.34
51	2.24	3.32	7.56	2.00	2.98	6.92	1.92	2.90	6.84	1.88	2.86	6.80
52	2.42	3.52	8.08	2.14	3.20	7.42	2.06	3.12	7.34	2.02	3.08	7.30
53	2.60	3.76	8.62	2.32	3.42	7.92	2.24	3.34	7.84	2.20	3.30	7.80
54	2.82	4.06	9.22	2.50	3.72	8.48	2.42	3.64	8.40	2.38	3.60	8.36
55	3.06	4.40	9.88	2.70	4.06	9.08	2.62	3.98	9.00	2.58	3.94	8.98

Please note: Gender-based rates are prohibited in Montana; male rates apply.

Additional Coverage Options

The cost for the Optional Accidental Death & Dismemberment (AD&D) coverage and Disability Waiver, also known as Waiver of Contribution, is in addition to the cost of your LPT coverage. Rates are shown per \$10,000 of the LPT coverage amount you choose.

Dependent Child Coverage includes all eligible dependent children; cost deducted from any future Annual Cash Refunds.....\$6.00/year

Optional AD&D Rate per \$10,000*

AD&D amount is equal to Term Life Insurance. Cost is based on the Insured's Age and Term Period elected.

Insured's Age	10-Year Level Period	20-Year Level Period	Insured's Age	10-Year Level Period	20-Year Level Period
18-46	\$0.20	\$0.20	59	\$0.24	—
47-50	0.20	0.22	60	0.26	—
51-54	0.20	0.24	61	0.26	—
55	0.20	0.26	62	0.28	—
56	0.22	—	63	0.28	—
57	0.22	—	64	0.30	—
58	0.24	—	65	0.30	—

*Optional AD&D coverage ends at attained age 75

Optional Disability Waiver

Premium contributions are waived if you become totally disabled.* Not available for age 60 or over. Cost is based on the Member's Age, Gender, Term Period, and LPT coverage amount elected.

Female 10-Year Rate per \$10,000				
Member's Age	\$100,000-249,000	\$250,000-499,000	\$500,000-999,000	\$1,000,000 & up
18-36	\$0.08	\$0.04	\$0.04	0.04
37	0.08	0.06	0.04	0.04
38	0.08	0.06	0.04	0.04
39	0.08	0.06	0.06	0.04
40	0.10	0.06	0.06	0.06
41	0.10	0.08	0.06	0.06
42	0.12	0.08	0.08	0.06
43	0.12	0.10	0.08	0.08
44	0.14	0.10	0.10	0.08

Female 20-Year Rate per \$10,000				
Member's Age	\$100,000-249,000	\$250,000-499,000	\$500,000-999,000	\$1,000,000 & up
18-31	\$0.10	\$0.08	\$0.06	\$0.06
32	0.12	0.08	0.06	0.06
33	0.12	0.08	0.08	0.06
34	0.12	0.08	0.08	0.06
35	0.12	0.10	0.08	0.08
36	0.14	0.10	0.08	0.08
37	0.14	0.10	0.08	0.08
38	0.14	0.10	0.10	0.10
39	0.16	0.12	0.10	0.10
40	0.16	0.12	0.12	0.10
41	0.18	0.14	0.12	0.12
42	0.18	0.14	0.14	0.12
43	0.20	0.16	0.14	0.14
44	0.22	0.18	0.16	0.16

*Optional Disability Waiver is not available under the Spouse LPT Plan.

Please note: Gender-based rates are prohibited in Montana; male rates apply.

For information regarding Waiver rates for ages 45+ please visit our website at cpai.com/lpt or call 800.223.7473.

The products issued by The Prudential Insurance Company of America may not be available in all states.

The AD&D policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical, or major medical insurance as defined by the New York Department of Financial Services.

IMPORTANT NOTICE — THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

Group Insurance coverages are issued by The Prudential Insurance Company of America, a Prudential Financial company, Newark, NJ. The Booklet-Certificate contains all details, including any policy exclusions, limitations, and restrictions, which may apply. Contract Series: 83500.

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