

Single Premium Whole Life Insurance Plan






**First Catholic Slovak
Ladies Association**






FCSLA Single Premium Whole Life

The **Single Premium Whole Life** certificate is purchased in ONE PAYMENT providing immediate paid-up permanent life insurance coverage. The purchase establishes your membership in the FCSLA providing access to a variety of fraternal benefits and activities.

-  Minimum insurance purchase amount is \$2,000.
-  Insurance issue ages are 0 through 90.
-  Premiums are calculated using the age of your nearest birthday.

Dividends are paid annually, after the second year. You may choose from the following dividend distribution options:

-  cash
-  purchase paid-up additional insurance (*)
-  accumulate with interest

() Reinvesting your dividend by purchasing paid-up additional insurance offers the greatest insurance value.*

FCSLA's Post Mortem Benefit (PMB) pays an additional 25% on a member's first \$100,000 of permanent life insurance, and on any paid-up additional insurance associated with the first \$100,000 of permanent life coverage. This benefit is paid to the beneficiary at time of claim. The certificate becomes eligible for the PMB after the second year.

Cash value is immediate and grows throughout the life of the certificate. Cash value is available for loan or surrender options.





Applicant must be a Catholic of Slovak birth or descent, or of any Slavic descent, or a family member of such. Applicants are subject to FCSLA's underwriting policy.



*Is your family's
financial future
protected?*

How much life insurance do you need?

When determining how much life insurance you need, include the following expenses in your calculations:

-  final expenses
-  mortgage payment
-  credit card balances
-  education costs

Non-Medical Limits:

If you are in good health, you may purchase the following amount of life insurance for your age without a medical (*).

Age Group	Non-Medical Insurance Limits
0-15	\$150,000
16-45	99,999
46-50	50,000
51 & over	25,000

() The Association reserves the right to require a medical examination on any applicant.*

FCSLA Single Premium Whole Life

Female Non-Smoker Single Premium Rates

(per \$1,000 FACE Amount)

Issue Age	Band 1	Band 2	Band 3	Band 4	Issue Age	Band 1	Band 2	Band 3	Band 4
	Under \$10,000	\$10,000-\$24,999	\$25,000-\$49,999	\$50,000 & Over		Under \$10,000	\$10,000-\$24,999	\$25,000-\$49,999	\$50,000 & Over
0	49	44	42	41	45	224	219	217	216
1	49	44	42	41	46	232	227	225	224
2	49	44	42	41	47	241	236	234	233
3	51	46	44	43	48	250	245	243	242
4	52	47	45	44	49	259	254	252	251
5	54	49	47	46	50	269	264	262	261
6	55	50	48	47	51	279	274	272	271
7	57	52	50	49	52	290	285	283	282
8	59	54	52	51	53	300	295	293	292
9	61	56	54	53	54	311	306	304	303
10	63	58	56	55	55	322	317	315	314
11	65	60	58	57	56	334	329	327	326
12	67	62	60	59	57	346	341	339	338
13	69	64	62	61	58	358	353	351	350
14	72	67	65	64	59	371	366	364	363
15	74	69	67	66	60	384	379	377	376
16	77	72	70	69	61	398	393	391	390
17	79	74	72	71	62	412	407	405	404
18	82	77	75	74	63	425	420	418	417
19	85	80	78	77	64	438	433	431	430
20	88	83	81	80	65	451	446	444	443
21	91	86	84	83	66	465	460	458	457
22	94	89	87	86	67	479	474	472	471
23	98	93	91	90	68	493	488	486	485
24	101	96	94	93	69	507	502	500	499
25	105	100	98	97	70	522	517	515	514
26	109	104	102	101	71	537	532	530	529
27	113	108	106	105	72	551	546	544	543
28	117	112	110	109	73	566	561	559	558
29	122	117	115	114	74	582	577	575	574
30	126	121	119	118	75	597	592	590	589
31	131	126	124	123	76	612	607	605	604
32	136	131	129	128	77	628	623	621	620
33	142	137	135	134	78	643	638	636	635
34	147	142	140	139	79	658	653	651	650
35	153	148	146	145	80	674	669	667	666
36	159	154	152	151	81	689	684	682	681
37	165	160	158	157	82	704	699	697	696
38	172	167	165	164	83	719	714	712	711
39	178	173	171	170	84	734	729	727	726
40	185	180	178	177	85	748	743	741	740
41	192	187	185	184	86	761	756	754	753
42	200	195	193	192	87	775	770	768	767
43	208	203	201	200	88	788	783	781	780
44	215	210	208	207	89	800	795	793	792
					90	811	806	804	803

*\$100,000 or more deduct \$1.00 from Band 4.



Female Smoker Single Premium Rates

(per \$1,000 FACE Amount)

Issue Age	Band 1 Under \$10,000	Band 2 \$10,000 \$24,999	Band 3 \$25,000- \$49,999	Band 4 \$50,000 & Over	Issue Age	Band 1 Under \$10,000	Band 2 \$10,000 \$24,999	Band 3 \$25,000- \$49,999	Band 4 \$50,000 & Over
0					45	288	283	281	280
1					46	299	294	292	291
2					47	309	304	302	301
3					48	320	315	313	312
4					49	331	326	324	323
5					50	342	337	335	334
6					51	354	349	347	346
7					52	365	360	358	357
8					53	377	372	370	369
9					54	389	384	382	381
10					55	400	395	393	392
11					56	412	407	405	404
12					57	425	420	418	417
13					58	437	432	430	429
14					59	449	444	442	441
15					60	462	457	455	454
16	100	95	93	92	61	474	469	467	466
17	104	99	97	96	62	487	482	480	479
18	108	103	101	100	63	500	495	493	492
19	112	107	105	104	64	513	508	506	505
20	116	111	109	108	65	526	521	519	518
21	121	116	114	113	66	539	534	532	531
22	125	120	118	117	67	553	548	546	545
23	130	125	123	122	68	566	561	559	558
24	135	130	128	127	69	580	575	573	572
25	140	135	133	132	70	594	589	587	586
26	145	140	138	137	71	607	602	600	599
27	150	145	143	142	72	621	616	614	613
28	156	151	149	148	73	635	630	628	627
29	162	157	155	154	74	648	643	641	640
30	168	163	161	160	75	661	656	654	653
31	174	169	167	166	76	675	670	668	667
32	181	176	174	173	77	688	683	681	680
33	187	182	180	179	78	701	696	694	693
34	194	189	187	186	79	714	709	707	706
35	201	196	194	193	80	727	722	720	719
36	209	204	202	201	81	740	735	733	732
37	217	212	210	209	82	752	747	745	744
38	224	219	217	216	83	764	759	757	756
39	233	228	226	225	84	775	770	768	767
40	241	236	234	233	85	785	780	778	777
41	250	245	243	242	86	795	790	788	787
42	259	254	252	251	87	806	801	799	798
43	269	264	262	261	88	815	810	808	807
44	278	273	271	270	89	823	818	816	815
					90	831	826	824	823

*\$100,000 or more deduct \$1.00 from Band 4.

FCSLA Single Premium Whole Life

Male Non-Smoker Single Premium Rates

(per \$1,000 FACE Amount)

Issue Age	Band 1 Under \$10,000	Band 2 \$10,000 \$24,999	Band 3 \$25,000- \$49,999	Band 4 \$50,000 & Over	Issue Age	Band 1 Under \$10,000	Band 2 \$10,000 \$24,999	Band 3 \$25,000- \$49,999	Band 4 \$50,000 & Over
0	56	51	49	48	45	257	252	250	249
1	58	53	51	50	46	267	262	260	259
2	58	53	51	50	47	277	272	270	269
3	59	54	52	51	48	288	283	281	280
4	61	56	54	53	49	299	294	292	291
5	63	58	56	55	50	310	305	303	302
6	64	59	57	56	51	322	317	315	314
7	66	61	59	58	52	334	329	327	326
8	69	64	62	61	53	346	341	339	338
9	71	66	64	63	54	359	354	352	351
10	74	69	67	66	55	372	367	365	364
11	76	71	69	68	56	385	380	378	377
12	79	74	72	71	57	398	393	391	390
13	82	77	75	74	58	411	406	404	403
14	84	79	77	76	59	425	420	418	417
15	87	82	80	79	60	439	434	432	431
16	90	85	83	82	61	453	448	446	445
17	93	88	86	85	62	467	462	460	459
18	96	91	89	88	63	482	477	475	474
19	99	94	92	91	64	496	491	489	488
20	102	97	95	94	65	511	506	504	503
21	105	100	98	97	66	526	521	519	518
22	108	103	101	100	67	541	536	534	533
23	112	107	105	104	68	556	551	549	548
24	116	111	109	108	69	571	566	564	563
25	120	115	113	112	70	587	582	580	579
26	124	119	117	116	71	602	597	595	594
27	128	123	121	120	72	618	613	611	610
28	133	128	126	125	73	634	629	627	626
29	138	133	131	130	74	649	644	642	641
30	143	138	136	135	75	665	660	658	657
31	149	144	142	141	76	681	676	674	673
32	155	150	148	147	77	696	691	689	688
33	161	156	154	153	78	711	706	704	703
34	167	162	160	159	79	726	721	719	718
35	174	169	167	166	80	741	736	734	733
36	181	176	174	173	81	755	750	748	747
37	188	183	181	180	82	769	764	762	761
38	196	191	189	188	83	782	777	775	774
39	203	198	196	195	84	795	790	788	787
40	212	207	205	204	85	808	803	801	800
41	220	215	213	212	86	820	815	813	812
42	229	224	222	221	87	831	826	824	823
43	238	233	231	230	88	841	836	834	833
44	247	242	240	239	89	851	846	844	843
					90	860	855	853	852

*\$100,000 or more deduct \$1.00 from Band 4.



Male Smoker Single Premium Rates

(per \$1,000 FACE Amount)

Issue Age	Band 1	Band 2	Band 3	Band 4	Issue Age	Band 1	Band 2	Band 3	Band 4
	Under \$10,000	\$10,000-\$24,999	\$25,000-\$49,999	\$50,000 & Over		Under \$10,000	\$10,000-\$24,999	\$25,000-\$49,999	\$50,000 & Over
0					45	316	311	309	308
1					46	327	322	320	319
2					47	337	332	330	329
3					48	349	344	342	341
4					49	360	355	353	352
5					50	372	367	365	364
6					51	384	379	377	376
7					52	396	391	389	388
8					53	409	404	402	401
9					54	422	417	415	414
10					55	435	430	428	427
11					56	448	443	441	440
12					57	461	456	454	453
13					58	474	469	467	466
14					59	488	483	481	480
15					60	501	496	494	493
16	114	109	107	106	61	515	510	508	507
17	118	113	111	110	62	529	524	522	521
18	121	116	114	113	63	543	538	536	535
19	125	120	118	117	64	556	551	549	548
20	129	124	122	121	65	570	565	563	562
21	133	128	126	125	66	583	578	576	575
22	137	132	130	129	67	596	591	589	588
23	142	137	135	134	68	610	605	603	602
24	147	142	140	139	69	623	618	616	615
25	152	147	145	144	70	637	632	630	629
26	157	152	150	149	71	651	646	644	643
27	163	158	156	155	72	665	660	658	657
28	169	164	162	161	73	679	674	672	671
29	175	170	168	167	74	693	688	686	685
30	182	177	175	174	75	706	701	699	698
31	189	184	182	181	76	720	715	713	712
32	196	191	189	188	77	734	729	727	726
33	204	199	197	196	78	747	742	740	739
34	212	207	205	204	79	760	755	753	752
35	220	215	213	212	80	773	768	766	765
36	229	224	222	221	81	785	780	778	777
37	238	233	231	230	82	796	791	789	788
38	247	242	240	239	83	808	803	801	800
39	256	251	249	248	84	819	814	812	811
40	266	261	259	258	85	830	825	823	822
41	276	271	269	268	86	840	835	833	832
42	285	280	278	277	87	849	844	842	841
43	295	290	288	287	88	858	853	851	850
44	306	301	299	298	89	866	861	859	858
					90	874	869	867	866

*\$100,000 or more deduct \$1.00 from Band 4.

Visit us on our Web site at
www.fcsla.org
to generate a custom premium cost quote.

**Contact your FCSLA
Representative:**

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