

**Reliance Standard Voluntary Plans
Critical Illness Insurance
Premium Table
Plan Holder: CKE Restaurant Holdings, Inc.**

Scheduled Benefit:

Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the table below.

Employee/Spouse Premiums:

To find you and your spouse's premium -

- Determine your age band:
 - Your age = your age at your last birthday.
 - Spouse age = you age at your last birthday.
 - For employees age 70 or older, benefit amounts are reduced according to the age-based reduction chart shown in the Plan Highlights. When selecting an amount of insurance, you must select at pre-age 70 benefit amount.
- Select a benefit from:
 - Select an employee and spouse benefit from the table below.
- Employee and spouse rates change as insured moves from one age bracket to the next, based on the age determination rules.

Employee Monthly Premiums

Benefit Amount	Age 0-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85+
\$5,000	\$2.10	\$3.32	\$4.02	\$5.90	\$9.17	\$13.66	\$18.50	\$26.31	\$38.36	\$60.34	\$99.95	\$130.06	\$204.74
\$6,000	\$2.52	\$3.98	\$4.82	\$7.08	\$11.00	\$16.39	\$22.19	\$31.57	\$46.03	\$72.40	\$119.94	\$156.07	\$245.68
\$7,000	\$2.94	\$4.64	\$5.62	\$8.26	\$12.84	\$19.12	\$25.89	\$36.83	\$53.70	\$84.47	\$139.93	\$182.08	\$286.63
\$8,000	\$3.36	\$5.30	\$6.42	\$9.44	\$14.67	\$21.86	\$29.59	\$42.09	\$61.38	\$96.54	\$159.92	\$208.10	\$327.58
\$9,000	\$3.78	\$5.97	\$7.23	\$10.62	\$16.51	\$24.59	\$33.29	\$47.35	\$69.05	\$108.60	\$179.91	\$234.11	\$368.52
\$10,000	\$4.20	\$6.63	\$8.03	\$11.80	\$18.34	\$27.32	\$36.99	\$52.61	\$76.72	\$120.67	\$199.90	\$260.12	\$409.47
\$11,000	\$4.62	\$7.29	\$8.83	\$12.98	\$20.17	\$30.05	\$40.69	\$57.87	\$84.39	\$132.74	\$219.89	\$286.13	\$450.42
\$12,000	\$5.04	\$7.96	\$9.64	\$14.16	\$22.01	\$32.78	\$44.39	\$63.13	\$92.06	\$144.80	\$239.88	\$312.14	\$491.36
\$13,000	\$5.46	\$8.62	\$10.44	\$15.34	\$23.84	\$35.52	\$48.09	\$68.39	\$99.74	\$156.87	\$259.87	\$338.16	\$532.31
\$14,000	\$5.88	\$9.28	\$11.24	\$16.52	\$25.68	\$38.25	\$51.79	\$73.65	\$107.41	\$168.94	\$279.86	\$364.17	\$573.26
\$15,000	\$6.30	\$9.95	\$12.05	\$17.70	\$27.51	\$40.98	\$55.49	\$78.92	\$115.08	\$181.01	\$299.85	\$390.18	\$614.21
\$16,000	\$6.72	\$10.61	\$12.85	\$18.88	\$29.34	\$43.71	\$59.18	\$84.18	\$122.75	\$193.07	\$319.84	\$416.19	\$655.15
\$17,000	\$7.14	\$11.27	\$13.65	\$20.06	\$31.18	\$46.44	\$62.88	\$89.44	\$130.42	\$205.14	\$339.83	\$442.20	\$696.10
\$18,000	\$7.56	\$11.93	\$14.45	\$21.24	\$33.01	\$49.18	\$66.58	\$94.70	\$138.10	\$217.21	\$359.82	\$468.22	\$737.05
\$19,000	\$7.98	\$12.60	\$15.26	\$22.42	\$34.85	\$51.91	\$70.28	\$99.96	\$145.77	\$229.27	\$379.81	\$494.23	\$777.99
\$20,000	\$8.40	\$13.26	\$16.06	\$23.60	\$36.68	\$54.64	\$73.98	\$105.22	\$153.44	\$241.34	\$399.80	\$520.24	\$818.94
\$21,000	\$8.82	\$13.92	\$16.86	\$24.78	\$38.51	\$57.37	\$77.68	\$110.48	\$161.11	\$253.41	\$419.79	\$546.25	\$859.89
\$22,000	\$9.24	\$14.59	\$17.67	\$25.96	\$40.35	\$60.10	\$81.38	\$115.74	\$168.78	\$265.47	\$439.78	\$572.26	\$900.83
\$23,000	\$9.66	\$15.25	\$18.47	\$27.14	\$42.18	\$62.84	\$85.08	\$121.00	\$176.46	\$277.54	\$459.77	\$598.28	\$941.78
\$24,000	\$10.08	\$15.91	\$19.27	\$28.32	\$44.02	\$65.57	\$88.78	\$126.26	\$184.13	\$289.61	\$479.76	\$624.29	\$982.73
\$25,000	\$10.50	\$16.58	\$20.08	\$29.50	\$45.85	\$68.30	\$92.48	\$131.53	\$191.80	\$301.68	\$499.75	\$650.30	\$1,023.68
\$26,000	\$10.92	\$17.24	\$20.88	\$30.68	\$47.68	\$71.03	\$96.17	\$136.79	\$199.47	\$313.74	\$519.74	\$676.31	\$1,064.62
\$27,000	\$11.34	\$17.90	\$21.68	\$31.86	\$49.52	\$73.76	\$99.87	\$142.05	\$207.14	\$325.81	\$539.73	\$702.32	\$1,105.57
\$28,000	\$11.76	\$18.56	\$22.48	\$33.04	\$51.35	\$76.50	\$103.57	\$147.31	\$214.82	\$337.88	\$559.72	\$728.34	\$1,146.52
\$29,000	\$12.18	\$19.23	\$23.29	\$34.22	\$53.19	\$79.23	\$107.27	\$152.57	\$222.49	\$349.94	\$579.71	\$754.35	\$1,187.46
\$30,000	\$12.60	\$19.89	\$24.09	\$35.40	\$55.02	\$81.96	\$110.97	\$157.83	\$230.16	\$362.01	\$599.70	\$780.36	\$1,228.41

Dependent Child(ren):

Your dependent child(ren) is eligible for a benefit amount of 25% of your Critical Illness benefit election, limited to a maximum of \$7,500.

To calculate Dependent Child(ren) Benefit:

Employee Benefit Amount x 25% = Dependent Child(ren) Benefit. No rounding needed.

To calculate Monthly Dependent Child(ren) Premium:

Dependent Child(ren) Benefit/1000 x 0.367

Please Note: *One rate and benefit amount for all eligible children in family, regardless of number.*

Please read this important information

- You may not have coverage as both an employee and as a dependent.
- Employee must have coverage in order for spouse and dependent children to be covered.

Please note, these rates are approximate and subject to change.