

IBM CORPORATION

Group Universal Life (GUL) Insurance Rate Exhibit

Issued by **The Prudential Insurance Company of America (Prudential)**

Rates Effective: September 1, 2018

Group Universal Life Insurance Employee and Spouse (Monthly Rates per \$1,000 of Coverage)*								
NON-SMOKER								
Age	IBM Actives (Payroll Group)	Direct Bill (Retirees/Continuee)	Age	IBM Actives (Payroll Group)	Direct Bill (Retirees/Continuee)	Age	IBM Actives (Payroll Group)	Direct Bill (Retirees/Continuee)
Up to 19	\$0.018	\$0.046	46	\$0.059	\$0.183	73	\$0.954	\$2.610
20	\$0.018	\$0.047	47	\$0.066	\$0.201	74	\$1.030	\$2.816
21	\$0.018	\$0.047	48	\$0.073	\$0.222	75	\$1.110	\$3.035
22	\$0.018	\$0.047	49	\$0.081	\$0.242	76	\$1.199	\$3.281
23	\$0.018	\$0.047	50	\$0.089	\$0.264	77	\$1.298	\$3.552
24	\$0.018	\$0.048	51	\$0.099	\$0.285	78	\$1.411	\$3.861
25	\$0.018	\$0.048	52	\$0.109	\$0.306	79	\$1.536	\$4.200
26	\$0.018	\$0.048	53	\$0.120	\$0.347	80	\$1.670	\$4.570
27	\$0.018	\$0.048	54	\$0.134	\$0.389	81	\$1.815	\$4.964
28	\$0.018	\$0.051	55	\$0.150	\$0.431	82	\$1.965	\$5.377
29	\$0.018	\$0.051	56	\$0.168	\$0.472	83	\$2.121	\$5.801
30	\$0.018	\$0.054	57	\$0.188	\$0.519	84	\$2.285	\$6.249
31	\$0.019	\$0.056	58	\$0.211	\$0.582	85	\$2.454	\$6.714
32	\$0.019	\$0.060	59	\$0.235	\$0.652	86	\$2.632	\$7.204
33	\$0.020	\$0.061	60	\$0.265	\$0.723	87	\$2.822	\$7.720
34	\$0.021	\$0.064	61	\$0.296	\$0.792	88	\$3.022	\$8.268
35	\$0.021	\$0.069	62	\$0.330	\$0.866	89	\$3.241	\$8.864
36	\$0.024	\$0.077	63	\$0.371	\$0.955	90	\$3.482	\$9.522
37	\$0.028	\$0.081	64	\$0.416	\$1.048	91	\$3.750	\$10.261
38	\$0.029	\$0.087	65	\$0.465	\$1.036	92	\$4.058	\$11.105
39	\$0.033	\$0.094	66	\$0.520	\$1.130	93	\$4.417	\$12.083
40	\$0.033	\$0.102	67	\$0.583	\$1.223	94	\$4.835	\$13.231
41	\$0.037	\$0.110	68	\$0.637	\$1.516	95	\$5.370	\$14.692
42	\$0.043	\$0.118	69	\$0.697	\$1.826	96	\$6.122	\$16.747
43	\$0.047	\$0.135	70	\$0.749	\$2.049	97	\$7.467	\$20.432
44	\$0.052	\$0.150	71	\$0.814	\$2.229	98	\$9.814	\$26.848
45	\$0.054	\$0.166	72	\$0.883	\$2.417	99	\$17.500	\$47.378

*Spouse rate based on spouse's age.

Group Universal Life Insurance Employee and Spouse (Monthly Rates per \$1,000 of Coverage)*								
SMOKER								
Age	IBM Actives (Payroll Group)	Direct Bill (Retirees/Continuee)	Age	IBM Actives (Payroll Group)	Direct Bill (Retirees/Continuee)	Age	IBM Actives (Payroll Group)	Direct Bill (Retirees/Continuee)
Up to 19	\$0.020	\$0.056	46	\$0.097	\$0.222	73	\$1.225	\$3.193
20	\$0.020	\$0.056	47	\$0.108	\$0.243	74	\$1.321	\$3.441
21	\$0.020	\$0.056	48	\$0.119	\$0.270	75	\$1.425	\$3.710
22	\$0.020	\$0.057	49	\$0.133	\$0.293	76	\$1.538	\$4.007
23	\$0.020	\$0.057	50	\$0.145	\$0.321	77	\$1.665	\$4.340
24	\$0.020	\$0.060	51	\$0.161	\$0.345	78	\$1.811	\$4.718
25	\$0.020	\$0.060	52	\$0.177	\$0.371	79	\$1.970	\$5.128
26	\$0.020	\$0.060	53	\$0.195	\$0.420	80	\$2.143	\$5.585
27	\$0.020	\$0.060	54	\$0.216	\$0.472	81	\$2.328	\$6.064
28	\$0.023	\$0.064	55	\$0.238	\$0.522	82	\$2.521	\$6.569
29	\$0.023	\$0.064	56	\$0.262	\$0.572	83	\$2.723	\$7.092
30	\$0.024	\$0.066	57	\$0.287	\$0.629	84	\$2.932	\$7.639
31	\$0.025	\$0.069	58	\$0.316	\$0.706	85	\$3.149	\$8.205
32	\$0.026	\$0.071	59	\$0.347	\$0.791	86	\$3.379	\$8.804
33	\$0.028	\$0.074	60	\$0.383	\$0.877	87	\$3.620	\$9.434
34	\$0.030	\$0.082	61	\$0.420	\$0.961	88	\$3.879	\$10.107
35	\$0.032	\$0.087	62	\$0.462	\$1.050	89	\$4.158	\$10.834
36	\$0.035	\$0.094	63	\$0.508	\$1.158	90	\$4.467	\$11.638
37	\$0.037	\$0.098	64	\$0.560	\$1.271	91	\$4.814	\$12.542
38	\$0.043	\$0.106	65	\$0.615	\$1.257	92	\$5.210	\$13.574
39	\$0.047	\$0.114	66	\$0.677	\$1.370	93	\$5.669	\$14.773
40	\$0.052	\$0.123	67	\$0.745	\$1.483	94	\$6.207	\$16.173
41	\$0.057	\$0.133	68	\$0.820	\$1.838	95	\$6.886	\$17.943
42	\$0.064	\$0.144	69	\$0.901	\$2.214	96	\$7.856	\$20.469
43	\$0.070	\$0.164	70	\$0.961	\$2.505	97	\$9.584	\$24.971
44	\$0.079	\$0.182	71	\$1.046	\$2.726	98	\$12.594	\$32.816
45	\$0.088	\$0.202	72	\$1.134	\$2.955	99	\$22.372	\$47.378

*Spouse rate based on spouse's age.

Dependent Term Life Insurance** (Children) – Monthly Cost per Coverage	
Coverage Amount	Cost of Insurance
\$10,000	\$1.00

Optional AD&D Insurance** – Monthly Rates per \$1,000 of Coverage	
Insured	Cost of Insurance
Employee	\$0.020
Spouse	\$0.020

**This is optional coverage and the entire cost of coverage is employee-paid.

Rates may change as the insured enters a higher age category; also, rates may change if plan experience requires a change for all insureds.

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This 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.

This coverage is not health insurance coverage (often referred to as “Major Medical Coverage”).

This type of plan is NOT considered “minimum essential coverage” under the Affordable Care Act and therefore does NOT satisfy the individual mandate that you have health insurance coverage. If you do not have other health insurance coverage, you may be subject to a federal tax penalty.

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