

Critical Illness Insurance Bi-Weekly Premium Rates*
WORKSITE – NON-NICOTINE

Benefit Amount: \$15,000

Age	Self Only	With Spouse
18	\$3.58	\$4.13
19	\$3.58	\$4.13
20	\$3.58	\$4.13
21	\$3.58	\$4.13
22	\$3.58	\$4.13
23	\$3.72	\$4.34
24	\$3.85	\$4.55
25	\$3.99	\$4.82
26	\$4.13	\$5.03
27	\$4.27	\$5.24
28	\$4.48	\$5.58
29	\$4.68	\$5.86
30	\$4.89	\$6.21
31	\$5.10	\$6.55
32	\$5.38	\$6.97
33	\$5.65	\$7.38
34	\$6.00	\$7.94
35	\$6.35	\$8.42
36	\$6.69	\$8.98
37	\$7.11	\$9.60
38	\$7.59	\$10.36
39	\$8.08	\$11.05
40	\$8.56	\$11.88
41	\$9.12	\$12.72
42	\$9.74	\$13.68
43	\$10.36	\$14.65
44	\$10.98	\$15.62

Age	Self Only	With Spouse
45	\$11.68	\$16.73
46	\$12.44	\$17.91
47	\$13.20	\$19.08
48	\$14.03	\$20.33
49	\$14.86	\$21.65
50	\$15.76	\$23.03
51	\$16.73	\$24.48
52	\$17.70	\$26.01
53	\$18.74	\$27.60
54	\$19.78	\$29.26
55	\$20.88	\$30.92
56	\$22.06	\$32.79
57	\$23.31	\$34.73
58	\$24.69	\$36.88
59	\$26.15	\$39.16
60	\$27.60	\$41.45
61	\$29.26	\$43.94
62	\$30.92	\$46.57
63	\$32.58	\$49.13
64	\$34.32	\$51.83
65	\$36.32	\$54.88
66	\$38.40	\$58.13
67	\$40.82	\$61.87
68	\$43.66	\$66.30
69	\$47.12	\$71.63
70	\$51.90	\$79.04

Note: Each dependent child is automatically covered with a \$2,500 Benefit Amount – *at no additional cost*

* To review monthly premiums for different benefit amounts and scenarios, visit www.YourLifeSecure.com and login to your secure portal to run quotes. Different rates apply for nicotine users – see other page.

These rates do not include coverage for the Health Screening Benefit.

Critical Illness Insurance Bi-Weekly Premium Rates*
WORKSITE – NICOTINE

Benefit Amount: \$15,000

Age	Self Only	With Spouse
18	\$4.06	\$4.89
19	\$4.06	\$4.89
20	\$4.06	\$4.89
21	\$4.06	\$4.89
22	\$4.06	\$4.89
23	\$4.27	\$5.24
24	\$4.48	\$5.52
25	\$4.68	\$5.86
26	\$4.89	\$6.21
27	\$5.17	\$6.62
28	\$5.52	\$7.18
29	\$5.86	\$7.73
30	\$6.28	\$8.35
31	\$6.69	\$8.98
32	\$7.18	\$9.74
33	\$7.73	\$10.57
34	\$8.28	\$11.47
35	\$8.91	\$12.44
36	\$9.60	\$13.48
37	\$10.36	\$14.65
38	\$11.19	\$15.97
39	\$12.09	\$17.35
40	\$13.06	\$18.88
41	\$14.17	\$20.61
42	\$15.35	\$22.41
43	\$16.59	\$24.35
44	\$17.91	\$26.35

Age	Self Only	With Spouse
45	\$19.36	\$28.57
46	\$20.88	\$30.92
47	\$22.48	\$33.42
48	\$24.14	\$35.98
49	\$25.94	\$38.82
50	\$27.88	\$41.79
51	\$29.88	\$44.91
52	\$32.03	\$48.23
53	\$34.18	\$51.55
54	\$36.46	\$55.08
55	\$38.88	\$58.89
56	\$41.45	\$62.84
57	\$44.22	\$67.13
58	\$47.26	\$71.84
59	\$50.45	\$76.75
60	\$53.77	\$81.95
61	\$57.30	\$87.42
62	\$60.97	\$93.09
63	\$64.57	\$98.70
64	\$68.38	\$104.58
65	\$72.53	\$111.02
66	\$76.96	\$117.88
67	\$81.81	\$125.42
68	\$87.69	\$134.56
69	\$94.89	\$145.71
70	\$104.93	\$161.28

Note: Each dependent child is automatically covered with a \$2,500 Benefit Amount – *at no additional cost*

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These rates do not include coverage for the Health Screening Benefit.