LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

MINNESOTA

INDIVIDUAL – NON-NICOTINE

Benefit Amount: $10,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$6.70	$7.00	$8.90
19	$6.70	$7.00	$8.90
20	$6.70	$7.00	$8.90
21	$6.70	$7.00	$8.90
22	$6.70	$7.00	$8.90
23	$6.90	$7.20	$9.30
24	$7.10	$7.40	$9.70
25	$7.30	$7.60	$10.10
26	$7.50	$7.80	$10.50
27	$7.70	$8.00	$10.90
28	$8.00	$8.20	$11.40
29	$8.30	$8.50	$12.00
30	$8.60	$8.80	$12.60
31	$9.00	$9.10	$13.30
32	$9.40	$9.40	$14.00
33	$9.80	$9.80	$14.80
34	$10.30	$10.20	$15.70
35	$10.70	$10.60	$16.50
36	$11.20	$11.00	$17.40
37	$11.80	$11.50	$18.50
38	$12.50	$12.00	$19.70
39	$13.20	$12.50	$20.90
40	$13.90	$13.10	$22.20
41	$14.80	$13.70	$23.70
42	$15.70	$14.30	$25.20
43	$16.60	$14.90	$26.70
44	$17.50	$15.50	$28.20
45	$18.50	$16.20	$29.90
46	$19.50	$16.90	$31.60
47	$20.60	$17.60	$33.40
48	$21.80	$18.30	$35.30
49	$23.10	$19.00	$37.30
50	$24.40	$19.70	$39.30
51	$25.80	$20.50	$41.50
52	$27.30	$21.30	$43.80
53	$28.80	$22.10	$46.10
54	$30.30	$23.00	$48.50
55	$31.90	$23.80	$50.90
56	$33.60	$24.80	$53.60
57	$35.40	$25.80	$56.40
58	$37.30	$26.90	$59.40
59	$39.30	$28.10	$62.60
60	$41.40	$29.40	$66.00
61	$43.60	$30.70	$69.50
62	$45.90	$32.10	$73.20
63	$48.20	$33.50	$76.90
64	$50.60	$35.00	$80.80
65	$53.30	$36.70	$85.20
66	$56.20	$38.50	$89.90
67	$59.50	$40.50	$95.20
68	$63.60	$43.10	$101.90
69	$68.70	$46.20	$110.10
70	$75.40	$50.60	$121.20

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.

** Premium rates shown above assume an opposite gender spouse who is the same age and nicotine status as the policyholder. Different rates apply for nicotine users – see other page.

Policy Series LS-CI-0001 MN
LS-CI-I-0306-10K MN 11/18

LIFESECURE INSURANCE COMPANY

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Critical Illness Insurance Monthly Premium Rates*

MINNESOTA

INDIVIDUAL – NICOTINE

Benefit Amount: $10,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$8.00	$7.70	$10.90
19	$8.00	$7.70	$10.90
20	$8.00	$7.70	$10.90
21	$8.00	$7.70	$10.90
22	$8.00	$7.70	$10.90
23	$8.30	$8.00	$11.50
24	$8.70	$8.30	$12.20
25	$9.10	$8.50	$12.80
26	$9.50	$8.90	$13.60
27	$9.90	$9.20	$14.30
28	$10.50	$9.60	$15.30
29	$11.10	$10.00	$16.30
30	$11.80	$10.50	$17.50
31	$12.50	$11.00	$18.70
32	$13.30	$11.50	$20.00
33	$14.20	$12.10	$21.50
34	$15.10	$12.80	$23.10
35	$16.20	$13.50	$24.90
36	$17.30	$14.30	$26.80
37	$18.50	$15.10	$28.80
38	$19.90	$15.90	$31.00
39	$21.50	$16.90	$33.60
40	$23.20	$17.90	$36.30
41	$25.10	$19.00	$39.30
42	$27.10	$20.20	$42.50
43	$28.90	$21.40	$45.50
44	$30.80	$22.70	$48.70

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
45	$32.90	$24.10	$52.20
46	$35.10	$25.50	$55.80
47	$37.40	$27.10	$59.70
48	$40.00	$28.60	$63.80
49	$42.70	$30.20	$68.10
50	$45.60	$31.90	$72.70
51	$48.70	$33.70	$77.60
52	$52.00	$35.60	$82.80
53	$55.30	$37.50	$88.00
54	$58.70	$39.40	$93.30
55	$62.40	$41.50	$99.10
56	$66.30	$43.70	$105.20
57	$70.40	$46.00	$111.60
58	$74.70	$48.50	$118.40
59	$79.20	$51.10	$125.50
60	$83.90	$53.80	$132.90
61	$88.90	$56.70	$140.80
62	$94.20	$59.70	$149.10
63	$99.20	$62.60	$157.00
64	$104.50	$65.60	$165.30
65	$110.30	$68.90	$174.40
66	$116.40	$72.40	$184.00
67	$123.20	$76.30	$194.70
68	$132.30	$81.10	$208.60
69	$143.50	$87.00	$225.70
70	$159.10	$95.30	$249.60

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.

** Premium rates shown above assume an opposite gender spouse who is the same age and nicotine status as the policyholder. Different rates apply for non-nicotine – see other page.

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