LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

MINNESOTA

INDIVIDUAL – NON-NICOTINE

Benefit Amount: $5,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$5.75	$5.90	$6.85
19	$5.75	$5.90	$6.85
20	$5.75	$5.90	$6.85
21	$5.75	$5.90	$6.85
22	$5.75	$5.90	$6.85
23	$5.85	$6.00	$7.05
24	$5.95	$6.10	$7.25
25	$6.05	$6.20	$7.45
26	$6.15	$6.30	$7.65
27	$6.25	$6.40	$7.85
28	$6.40	$6.50	$8.10
29	$6.55	$6.65	$8.40
30	$6.70	$6.80	$8.70
31	$6.90	$6.95	$9.05
32	$7.10	$7.10	$9.40
33	$7.30	$7.30	$9.80
34	$7.55	$7.50	$10.25
35	$7.75	$7.70	$10.65
36	$8.00	$7.90	$11.10
37	$8.30	$8.15	$11.65
38	$8.65	$8.40	$12.25
39	$9.00	$8.65	$12.85
40	$9.35	$8.95	$13.50
41	$9.80	$9.25	$14.25
42	$10.25	$9.55	$15.00
43	$10.70	$9.85	$15.75
44	$11.15	$10.15	$16.50
45	$11.65	$10.50	$17.35
46	$12.15	$10.85	$18.20
47	$12.70	$11.20	$19.10
48	$13.30	$11.55	$20.05
49	$13.95	$11.90	$21.05
50	$14.60	$12.25	$22.05
51	$15.30	$12.65	$23.15
52	$16.05	$13.05	$24.30
53	$16.80	$13.45	$25.45
54	$17.55	$13.90	$26.65
55	$18.35	$14.30	$27.85
56	$19.20	$14.80	$29.20
57	$20.10	$15.30	$30.60
58	$21.05	$15.85	$32.10
59	$22.05	$16.45	$33.70
60	$23.10	$17.10	$35.40
61	$24.20	$17.75	$37.15
62	$25.35	$18.45	$39.00
63	$26.50	$19.15	$40.85
64	$27.70	$19.90	$42.80
65	$29.05	$20.75	$45.00
66	$30.50	$21.65	$47.35
67	$32.15	$22.65	$50.00
68	$34.20	$23.95	$53.35
69	$36.75	$25.50	$57.45
70	$40.10	$27.70	$63.00

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-0306-5K MN 11/18

LIFESECURE INSURANCE COMPANY

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Critical Illness Insurance Monthly Premium Rates*

MINNESOTA

INDIVIDUAL – NICOTINE

Benefit Amount: $5,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$6.40	$6.25	$7.85
19	$6.40	$6.25	$7.85
20	$6.40	$6.25	$7.85
21	$6.40	$6.25	$7.85
22	$6.40	$6.25	$7.85
23	$6.55	$6.40	$8.15
24	$6.75	$6.55	$8.50
25	$6.95	$6.65	$8.80
26	$7.15	$6.85	$9.20
27	$7.35	$7.00	$9.55
28	$7.65	$7.20	$10.05
29	$7.95	$7.40	$10.55
30	$8.30	$7.65	$11.15
31	$8.65	$7.90	$11.75
32	$9.05	$8.15	$12.40
33	$9.50	$8.45	$13.15
34	$9.95	$8.80	$13.95
35	$10.50	$9.15	$14.85
36	$11.05	$9.55	$15.80
37	$11.65	$9.95	$16.80
38	$12.35	$10.35	$17.90
39	$13.15	$10.85	$19.20
40	$14.00	$11.35	$20.55
41	$14.95	$11.90	$22.05
42	$15.95	$12.50	$23.65
43	$16.85	$13.10	$25.15
44	$17.80	$13.75	$26.75

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
45	$18.85	$14.45	$28.50
46	$19.95	$15.15	$30.30
47	$21.10	$15.95	$32.25
48	$22.40	$16.70	$34.30
49	$23.75	$17.50	$36.45
50	$25.20	$18.35	$38.75
51	$26.75	$19.25	$41.20
52	$28.40	$20.20	$43.80
53	$30.05	$21.15	$46.40
54	$31.75	$22.10	$49.05
55	$33.60	$23.15	$51.95
56	$35.55	$24.25	$55.00
57	$37.60	$25.40	$58.20
58	$39.75	$26.65	$61.60
59	$42.00	$27.95	$65.15
60	$44.35	$29.30	$68.85
61	$46.85	$30.75	$72.80
62	$49.50	$32.25	$76.95
63	$52.00	$33.70	$80.90
64	$54.65	$35.20	$85.05
65	$57.55	$36.85	$89.60
66	$60.60	$38.60	$94.40
67	$64.00	$40.55	$99.75
68	$68.55	$42.95	$106.70
69	$74.15	$45.90	$115.25
70	$81.95	$50.05	$127.20

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 non-nicotine – see other page.

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LS-CI-I-0306-5K MN 11/18