LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

MONTANA

INDIVIDUAL – NON-NICOTINE

Benefit Amount: $10,000

Age	Self Only	With Spouse
18	$10.15	$12.55
19	$10.15	$12.55
20	$10.15	$12.55
21	$10.15	$12.55
22	$10.15	$12.55
23	$10.35	$12.95
24	$10.55	$13.35
25	$10.75	$13.75
26	$11.05	$14.35
27	$11.25	$14.75
28	$11.55	$15.35
29	$11.85	$15.95
30	$12.15	$16.55
31	$12.55	$17.35
32	$12.95	$18.15
33	$13.45	$19.15
34	$13.95	$20.15
35	$14.45	$21.15
36	$15.05	$22.35
37	$15.65	$23.55
38	$16.25	$24.75
39	$16.95	$26.15
40	$17.65	$27.55
41	$18.45	$29.15
42	$19.25	$30.75
43	$20.05	$32.35
44	$20.95	$34.15

Age	Self Only	With Spouse
45	$21.85	$35.95
46	$22.85	$37.95
47	$23.85	$39.95
48	$24.85	$41.95
49	$25.95	$44.15
50	$27.15	$46.55
51	$28.35	$48.95
52	$29.65	$51.55
53	$30.95	$54.15
54	$32.25	$56.75
55	$33.65	$59.55
56	$35.15	$62.55
57	$36.75	$65.75
58	$38.45	$69.15
59	$40.25	$72.75
60	$42.05	$76.35
61	$44.05	$80.35
62	$46.15	$84.55
63	$48.25	$88.75
64	$50.45	$93.15
65	$52.95	$98.15
66	$55.55	$103.35
67	$58.55	$109.35
68	$62.25	$116.75
69	$66.95	$126.15
70	$73.15	$138.55

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.

Policy Series LS-CI-0001
LS-CI-I-0306-10K MT 05/18

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Critical Illness Insurance Monthly Premium Rates*

MONTANA

INDIVIDUAL – NICOTINE

Benefit Amount: $10,000

Age	Self Only	With Spouse
18	$11.15	$14.55
19	$11.15	$14.55
20	$11.15	$14.55
21	$11.15	$14.55
22	$11.15	$14.55
23	$11.55	$15.35
24	$11.85	$15.95
25	$12.25	$16.75
26	$12.65	$17.55
27	$13.15	$18.55
28	$13.65	$19.55
29	$14.25	$20.75
30	$14.95	$22.15
31	$15.55	$23.35
32	$16.35	$24.95
33	$17.15	$26.55
34	$18.05	$28.35
35	$18.95	$30.15
36	$20.05	$32.35
37	$21.15	$34.55
38	$22.45	$37.15
39	$23.85	$39.95
40	$25.45	$43.15
41	$27.15	$46.55
42	$28.95	$50.15
43	$30.65	$53.55
44	$32.45	$57.15

Age	Self Only	With Spouse
45	$34.35	$60.95
46	$36.35	$64.95
47	$38.55	$69.35
48	$40.85	$73.95
49	$43.25	$78.75
50	$45.85	$83.95
51	$48.65	$89.55
52	$51.55	$95.35
53	$54.45	$101.15
54	$57.45	$107.15
55	$60.65	$113.55
56	$64.05	$120.35
57	$67.75	$127.75
58	$71.55	$135.35
59	$75.55	$143.35
60	$79.65	$151.55
61	$84.15	$160.55
62	$88.75	$169.75
63	$93.15	$178.55
64	$97.85	$187.95
65	$102.95	$198.15
66	$108.35	$208.95
67	$114.35	$220.95
68	$122.05	$236.35
69	$131.55	$255.35
70	$144.75	$281.75

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

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Policy Series LS-CI-0001
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