LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

MONTANA

INDIVIDUAL – NON-NICOTINE

Benefit Amount: $15,000

Age	Self Only	With Spouse
18	$11.35	$14.95
19	$11.35	$14.95
20	$11.35	$14.95
21	$11.35	$14.95
22	$11.35	$14.95
23	$11.65	$15.55
24	$11.95	$16.15
25	$12.25	$16.75
26	$12.70	$17.65
27	$13.00	$18.25
28	$13.45	$19.15
29	$13.90	$20.05
30	$14.35	$20.95
31	$14.95	$22.15
32	$15.55	$23.35
33	$16.30	$24.85
34	$17.05	$26.35
35	$17.80	$27.85
36	$18.70	$29.65
37	$19.60	$31.45
38	$20.50	$33.25
39	$21.55	$35.35
40	$22.60	$37.45
41	$23.80	$39.85
42	$25.00	$42.25
43	$26.20	$44.65
44	$27.55	$47.35

Age	Self Only	With Spouse
45	$28.90	$50.05
46	$30.40	$53.05
47	$31.90	$56.05
48	$33.40	$59.05
49	$35.05	$62.35
50	$36.85	$65.95
51	$38.65	$69.55
52	$40.60	$73.45
53	$42.55	$77.35
54	$44.50	$81.25
55	$46.60	$85.45
56	$48.85	$89.95
57	$51.25	$94.75
58	$53.80	$99.85
59	$56.50	$105.25
60	$59.20	$110.65
61	$62.20	$116.65
62	$65.35	$122.95
63	$68.50	$129.25
64	$71.80	$135.85
65	$75.55	$143.35
66	$79.45	$151.15
67	$83.95	$160.15
68	$89.50	$171.25
69	$96.55	$185.35
70	$105.85	$203.95

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-0306-15K MT 05/18

LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

MONTANA

INDIVIDUAL – NICOTINE

Benefit Amount: $15,000

Age	Self Only	With Spouse
18	$12.85	$17.95
19	$12.85	$17.95
20	$12.85	$17.95
21	$12.85	$17.95
22	$12.85	$17.95
23	$13.45	$19.15
24	$13.90	$20.05
25	$14.50	$21.25
26	$15.10	$22.45
27	$15.85	$23.95
28	$16.60	$25.45
29	$17.50	$27.25
30	$18.55	$29.35
31	$19.45	$31.15
32	$20.65	$33.55
33	$21.85	$35.95
34	$23.20	$38.65
35	$24.55	$41.35
36	$26.20	$44.65
37	$27.85	$47.95
38	$29.80	$51.85
39	$31.90	$56.05
40	$34.30	$60.85
41	$36.85	$65.95
42	$39.55	$71.35
43	$42.10	$76.45
44	$44.80	$81.85

Age	Self Only	With Spouse
45	$47.65	$87.55
46	$50.65	$93.55
47	$53.95	$100.15
48	$57.40	$107.05
49	$61.00	$114.25
50	$64.90	$122.05
51	$69.10	$130.45
52	$73.45	$139.15
53	$77.80	$147.85
54	$82.30	$156.85
55	$87.10	$166.45
56	$92.20	$176.65
57	$97.75	$187.75
58	$103.45	$199.15
59	$109.45	$211.15
60	$115.60	$223.45
61	$122.35	$236.95
62	$129.25	$250.75
63	$135.85	$263.95
64	$142.90	$278.05
65	$150.55	$293.35
66	$158.65	$309.55
67	$167.65	$327.55
68	$179.20	$350.65
69	$193.45	$379.15
70	$213.25	$418.75

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
LS-CI-I-0306-15K MT 05/18