LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

MONTANA

INDIVIDUAL – NON-NICOTINE

Benefit Amount: $20,000

Age	Self Only	With Spouse
18	$12.55	$17.35
19	$12.55	$17.35
20	$12.55	$17.35
21	$12.55	$17.35
22	$12.55	$17.35
23	$12.95	$18.15
24	$13.35	$18.95
25	$13.75	$19.75
26	$14.35	$20.95
27	$14.75	$21.75
28	$15.35	$22.95
29	$15.95	$24.15
30	$16.55	$25.35
31	$17.35	$26.95
32	$18.15	$28.55
33	$19.15	$30.55
34	$20.15	$32.55
35	$21.15	$34.55
36	$22.35	$36.95
37	$23.55	$39.35
38	$24.75	$41.75
39	$26.15	$44.55
40	$27.55	$47.35
41	$29.15	$50.55
42	$30.75	$53.75
43	$32.35	$56.95
44	$34.15	$60.55
45	$35.95	$64.15
46	$37.95	$68.15
47	$39.95	$72.15
48	$41.95	$76.15
49	$44.15	$80.55
50	$46.55	$85.35
51	$48.95	$90.15
52	$51.55	$95.35
53	$54.15	$100.55
54	$56.75	$105.75
55	$59.55	$111.35
56	$62.55	$117.35
57	$65.75	$123.75
58	$69.15	$130.55
59	$72.75	$137.75
60	$76.35	$144.95
61	$80.35	$152.95
62	$84.55	$161.35
63	$88.75	$169.75
64	$93.15	$178.55
65	$98.15	$188.55
66	$103.35	$198.95
67	$109.35	$210.95
68	$116.75	$225.75
69	$126.15	$244.55
70	$138.55	$269.35

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-0306-20K MT 05/18

LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

MONTANA

INDIVIDUAL – NICOTINE

Benefit Amount: $20,000

Age	Self Only	With Spouse
18	$14.55	$21.35
19	$14.55	$21.35
20	$14.55	$21.35
21	$14.55	$21.35
22	$14.55	$21.35
23	$15.35	$22.95
24	$15.95	$24.15
25	$16.75	$25.75
26	$17.55	$27.35
27	$18.55	$29.35
28	$19.55	$31.35
29	$20.75	$33.75
30	$22.15	$36.55
31	$23.35	$38.95
32	$24.95	$42.15
33	$26.55	$45.35
34	$28.35	$48.95
35	$30.15	$52.55
36	$32.35	$56.95
37	$34.55	$61.35
38	$37.15	$66.55
39	$39.95	$72.15
40	$43.15	$78.55
41	$46.55	$85.35
42	$50.15	$92.55
43	$53.55	$99.35
44	$57.15	$106.55

Age	Self Only	With Spouse
45	$60.95	$114.15
46	$64.95	$122.15
47	$69.35	$130.95
48	$73.95	$140.15
49	$78.75	$149.75
50	$83.95	$160.15
51	$89.55	$171.35
52	$95.35	$182.95
53	$101.15	$194.55
54	$107.15	$206.55
55	$113.55	$219.35
56	$120.35	$232.95
57	$127.75	$247.75
58	$135.35	$262.95
59	$143.35	$278.95
60	$151.55	$295.35
61	$160.55	$313.35
62	$169.75	$331.75
63	$178.55	$349.35
64	$187.95	$368.15
65	$198.15	$388.55
66	$208.95	$410.15
67	$220.95	$434.15
68	$236.35	$464.95
69	$255.35	$502.95
70	$281.75	$555.75

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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