LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

MONTANA

INDIVIDUAL – NON-NICOTINE

Benefit Amount: $30,000

Age	Self Only	With Spouse
18	$14.95	$22.15
19	$14.95	$22.15
20	$14.95	$22.15
21	$14.95	$22.15
22	$14.95	$22.15
23	$15.55	$23.35
24	$16.15	$24.55
25	$16.75	$25.75
26	$17.65	$27.55
27	$18.25	$28.75
28	$19.15	$30.55
29	$20.05	$32.35
30	$20.95	$34.15
31	$22.15	$36.55
32	$23.35	$38.95
33	$24.85	$41.95
34	$26.35	$44.95
35	$27.85	$47.95
36	$29.65	$51.55
37	$31.45	$55.15
38	$33.25	$58.75
39	$35.35	$62.95
40	$37.45	$67.15
41	$39.85	$71.95
42	$42.25	$76.75
43	$44.65	$81.55
44	$47.35	$86.95

Age	Self Only	With Spouse
45	$50.05	$92.35
46	$53.05	$98.35
47	$56.05	$104.35
48	$59.05	$110.35
49	$62.35	$116.95
50	$65.95	$124.15
51	$69.55	$131.35
52	$73.45	$139.15
53	$77.35	$146.95
54	$81.25	$154.75
55	$85.45	$163.15
56	$89.95	$172.15
57	$94.75	$181.75
58	$99.85	$191.95
59	$105.25	$202.75
60	$110.65	$213.55
61	$116.65	$225.55
62	$122.95	$238.15
63	$129.25	$250.75
64	$135.85	$263.95
65	$143.35	$278.95
66	$151.15	$294.55
67	$160.15	$312.55
68	$171.25	$334.75
69	$185.35	$362.95
70	$203.95	$400.15

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-0306-30K MT 05/18

LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

MONTANA

INDIVIDUAL – NICOTINE

Benefit Amount: $30,000

Age	Self Only	With Spouse
18	$17.95	$28.15
19	$17.95	$28.15
20	$17.95	$28.15
21	$17.95	$28.15
22	$17.95	$28.15
23	$19.15	$30.55
24	$20.05	$32.35
25	$21.25	$34.75
26	$22.45	$37.15
27	$23.95	$40.15
28	$25.45	$43.15
29	$27.25	$46.75
30	$29.35	$50.95
31	$31.15	$54.55
32	$33.55	$59.35
33	$35.95	$64.15
34	$38.65	$69.55
35	$41.35	$74.95
36	$44.65	$81.55
37	$47.95	$88.15
38	$51.85	$95.95
39	$56.05	$104.35
40	$60.85	$113.95
41	$65.95	$124.15
42	$71.35	$134.95
43	$76.45	$145.15
44	$81.85	$155.95

Age	Self Only	With Spouse
45	$87.55	$167.35
46	$93.55	$179.35
47	$100.15	$192.55
48	$107.05	$206.35
49	$114.25	$220.75
50	$122.05	$236.35
51	$130.45	$253.15
52	$139.15	$270.55
53	$147.85	$287.95
54	$156.85	$305.95
55	$166.45	$325.15
56	$176.65	$345.55
57	$187.75	$367.75
58	$199.15	$390.55
59	$211.15	$414.55
60	$223.45	$439.15
61	$236.95	$466.15
62	$250.75	$493.75
63	$263.95	$520.15
64	$278.05	$548.35
65	$293.35	$578.95
66	$309.55	$611.35
67	$327.55	$647.35
68	$350.65	$693.55
69	$379.15	$750.55
70	$418.75	$829.75

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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