LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

MONTANA

INDIVIDUAL – NON-NICOTINE

Benefit Amount: $45,000

Age	Self Only	With Spouse
18	$18.55	$29.35
19	$18.55	$29.35
20	$18.55	$29.35
21	$18.55	$29.35
22	$18.55	$29.35
23	$19.45	$31.15
24	$20.35	$32.95
25	$21.25	$34.75
26	$22.60	$37.45
27	$23.50	$39.25
28	$24.85	$41.95
29	$26.20	$44.65
30	$27.55	$47.35
31	$29.35	$50.95
32	$31.15	$54.55
33	$33.40	$59.05
34	$35.65	$63.55
35	$37.90	$68.05
36	$40.60	$73.45
37	$43.30	$78.85
38	$46.00	$84.25
39	$49.15	$90.55
40	$52.30	$96.85
41	$55.90	$104.05
42	$59.50	$111.25
43	$63.10	$118.45
44	$67.15	$126.55

Age	Self Only	With Spouse
45	$71.20	$134.65
46	$75.70	$143.65
47	$80.20	$152.65
48	$84.70	$161.65
49	$89.65	$171.55
50	$95.05	$182.35
51	$100.45	$193.15
52	$106.30	$204.85
53	$112.15	$216.55
54	$118.00	$228.25
55	$124.30	$240.85
56	$131.05	$254.35
57	$138.25	$268.75
58	$145.90	$284.05
59	$154.00	$300.25
60	$162.10	$316.45
61	$171.10	$334.45
62	$180.55	$353.35
63	$190.00	$372.25
64	$199.90	$392.05
65	$211.15	$414.55
66	$222.85	$437.95
67	$236.35	$464.95
68	$253.00	$498.25
69	$274.15	$540.55
70	$302.05	$596.35

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-0306-45K MT 05/18

LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

MONTANA

INDIVIDUAL – NICOTINE

Benefit Amount: $45,000

Age	Self Only	With Spouse
18	$23.05	$38.35
19	$23.05	$38.35
20	$23.05	$38.35
21	$23.05	$38.35
22	$23.05	$38.35
23	$24.85	$41.95
24	$26.20	$44.65
25	$28.00	$48.25
26	$29.80	$51.85
27	$32.05	$56.35
28	$34.30	$60.85
29	$37.00	$66.25
30	$40.15	$72.55
31	$42.85	$77.95
32	$46.45	$85.15
33	$50.05	$92.35
34	$54.10	$100.45
35	$58.15	$108.55
36	$63.10	$118.45
37	$68.05	$128.35
38	$73.90	$140.05
39	$80.20	$152.65
40	$87.40	$167.05
41	$95.05	$182.35
42	$103.15	$198.55
43	$110.80	$213.85
44	$118.90	$230.05

Age	Self Only	With Spouse
45	$127.45	$247.15
46	$136.45	$265.15
47	$146.35	$284.95
48	$156.70	$305.65
49	$167.50	$327.25
50	$179.20	$350.65
51	$191.80	$375.85
52	$204.85	$401.95
53	$217.90	$428.05
54	$231.40	$455.05
55	$245.80	$483.85
56	$261.10	$514.45
57	$277.75	$547.75
58	$294.85	$581.95
59	$312.85	$617.95
60	$331.30	$654.85
61	$351.55	$695.35
62	$372.25	$736.75
63	$392.05	$776.35
64	$413.20	$818.65
65	$436.15	$864.55
66	$460.45	$913.15
67	$487.45	$967.15
68	$522.10	$1,036.45
69	$564.85	$1,121.95
70	$624.25	$1,240.75

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-0306-45K MT 05/18