LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

MONTANA

INDIVIDUAL – NON-NICOTINE

Benefit Amount: $5,000

Age	Self Only	With Spouse
18	$8.95	$10.15
19	$8.95	$10.15
20	$8.95	$10.15
21	$8.95	$10.15
22	$8.95	$10.15
23	$9.05	$10.35
24	$9.15	$10.55
25	$9.25	$10.75
26	$9.40	$11.05
27	$9.50	$11.25
28	$9.65	$11.55
29	$9.80	$11.85
30	$9.95	$12.15
31	$10.15	$12.55
32	$10.35	$12.95
33	$10.60	$13.45
34	$10.85	$13.95
35	$11.10	$14.45
36	$11.40	$15.05
37	$11.70	$15.65
38	$12.00	$16.25
39	$12.35	$16.95
40	$12.70	$17.65
41	$13.10	$18.45
42	$13.50	$19.25
43	$13.90	$20.05
44	$14.35	$20.95

Age	Self Only	With Spouse
45	$14.80	$21.85
46	$15.30	$22.85
47	$15.80	$23.85
48	$16.30	$24.85
49	$16.85	$25.95
50	$17.45	$27.15
51	$18.05	$28.35
52	$18.70	$29.65
53	$19.35	$30.95
54	$20.00	$32.25
55	$20.70	$33.65
56	$21.45	$35.15
57	$22.25	$36.75
58	$23.10	$38.45
59	$24.00	$40.25
60	$24.90	$42.05
61	$25.90	$44.05
62	$26.95	$46.15
63	$28.00	$48.25
64	$29.10	$50.45
65	$30.35	$52.95
66	$31.65	$55.55
67	$33.15	$58.55
68	$35.00	$62.25
69	$37.35	$66.95
70	$40.45	$73.15

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-0306-5K MT 05/18

LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

MONTANA

INDIVIDUAL – NICOTINE

Benefit Amount: $5,000

Age	Self Only	With Spouse
18	$9.45	$11.15
19	$9.45	$11.15
20	$9.45	$11.15
21	$9.45	$11.15
22	$9.45	$11.15
23	$9.65	$11.55
24	$9.80	$11.85
25	$10.00	$12.25
26	$10.20	$12.65
27	$10.45	$13.15
28	$10.70	$13.65
29	$11.00	$14.25
30	$11.35	$14.95
31	$11.65	$15.55
32	$12.05	$16.35
33	$12.45	$17.15
34	$12.90	$18.05
35	$13.35	$18.95
36	$13.90	$20.05
37	$14.45	$21.15
38	$15.10	$22.45
39	$15.80	$23.85
40	$16.60	$25.45
41	$17.45	$27.15
42	$18.35	$28.95
43	$19.20	$30.65
44	$20.10	$32.45

Age	Self Only	With Spouse
45	$21.05	$34.35
46	$22.05	$36.35
47	$23.15	$38.55
48	$24.30	$40.85
49	$25.50	$43.25
50	$26.80	$45.85
51	$28.20	$48.65
52	$29.65	$51.55
53	$31.10	$54.45
54	$32.60	$57.45
55	$34.20	$60.65
56	$35.90	$64.05
57	$37.75	$67.75
58	$39.65	$71.55
59	$41.65	$75.55
60	$43.70	$79.65
61	$45.95	$84.15
62	$48.25	$88.75
63	$50.45	$93.15
64	$52.80	$97.85
65	$55.35	$102.95
66	$58.05	$108.35
67	$61.05	$114.35
68	$64.90	$122.05
69	$69.65	$131.55
70	$76.25	$144.75

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-0306-5K MT 05/18