LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

NEW HAMPSHIRE

INDIVIDUAL – NON-NICOTINE

Benefit Amount: $10,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$10.15	$10.35	$12.75
19	$10.15	$10.35	$12.75
20	$10.15	$10.35	$12.75
21	$10.15	$10.35	$12.75
22	$10.15	$10.35	$12.75
23	$10.45	$10.65	$13.35
24	$10.65	$10.85	$13.75
25	$10.95	$11.15	$14.35
26	$11.25	$11.45	$14.95
27	$11.55	$11.75	$15.55
28	$11.85	$12.05	$16.15
29	$12.25	$12.45	$16.95
30	$12.65	$12.75	$17.65
31	$13.05	$13.15	$18.45
32	$13.55	$13.55	$19.35
33	$14.05	$14.05	$20.35
34	$14.65	$14.55	$21.45
35	$15.25	$15.15	$22.65
36	$15.85	$15.75	$23.85
37	$16.55	$16.35	$25.15
38	$17.35	$16.95	$26.55
39	$18.35	$17.65	$28.25
40	$19.35	$18.35	$29.95
41	$20.35	$19.15	$31.75
42	$21.55	$19.95	$33.75
43	$22.65	$20.65	$35.55
44	$23.85	$21.35	$37.45
45	$25.05	$22.15	$39.45
46	$26.35	$22.95	$41.55
47	$27.75	$23.75	$43.75
48	$29.25	$24.65	$46.15
49	$30.85	$25.55	$48.65
50	$32.55	$26.45	$51.25
51	$34.25	$27.45	$53.95
52	$36.15	$28.55	$56.95
53	$38.05	$29.55	$59.85
54	$39.95	$30.65	$62.85
55	$42.05	$31.85	$66.15
56	$44.25	$33.05	$69.55
57	$46.55	$34.35	$73.15
58	$48.95	$35.75	$76.95
59	$51.55	$37.35	$81.15
60	$54.15	$38.85	$85.25
61	$56.95	$40.55	$89.75
62	$59.95	$42.35	$94.55
63	$62.85	$44.15	$99.25
64	$65.95	$46.05	$104.25
65	$69.35	$48.25	$109.85
66	$72.95	$50.55	$115.75
67	$77.15	$53.15	$122.55
68	$82.35	$56.45	$131.05
69	$88.75	$60.45	$141.45
70	$97.35	$66.05	$155.65

Note: Each dependent child is automatically covered with a $2,000 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.

** Premium rates shown above assume an opposite gender spouse who is the same age and nicotine status as the policyholder. Different rates apply for nicotine users – see other page.

Policy Series LS-CI-0001 NH
LS-CI-I-0306-10K NH 11/18

LIFESECURE INSURANCE COMPANY

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Critical Illness Insurance Monthly Premium Rates*

NEW HAMPSHIRE

INDIVIDUAL – NICOTINE

Benefit Amount: $10,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$11.75	$11.55	$15.55
19	$11.75	$11.55	$15.55
20	$11.75	$11.55	$15.55
21	$11.75	$11.55	$15.55
22	$11.75	$11.55	$15.55
23	$12.25	$11.85	$16.35
24	$12.75	$12.25	$17.25
25	$13.25	$12.55	$18.05
26	$13.75	$12.95	$18.95
27	$14.35	$13.35	$19.95
28	$15.05	$13.85	$21.15
29	$15.85	$14.35	$22.45
30	$16.75	$14.95	$23.95
31	$17.75	$15.65	$25.65
32	$18.75	$16.35	$27.35
33	$19.85	$17.05	$29.15
34	$21.05	$17.95	$31.25
35	$22.25	$18.75	$33.25
36	$23.65	$19.75	$35.65
37	$25.15	$20.75	$38.15
38	$26.95	$21.85	$41.05
39	$28.95	$23.05	$44.25
40	$31.15	$24.35	$47.75
41	$33.55	$25.85	$51.65
42	$36.15	$27.35	$55.75
43	$38.45	$28.85	$59.55
44	$40.85	$30.45	$63.55
45	$43.35	$32.15	$67.75
46	$46.05	$33.95	$72.25
47	$48.95	$35.95	$77.15
48	$52.25	$37.85	$82.35
49	$55.85	$39.85	$87.95
50	$59.55	$42.05	$93.85
51	$63.55	$44.35	$100.15
52	$67.75	$46.75	$106.75
53	$71.85	$49.15	$113.25
54	$76.25	$51.55	$120.05
55	$80.85	$54.15	$127.25
56	$85.75	$56.95	$134.95
57	$90.95	$59.95	$143.15
58	$96.45	$63.15	$151.85
59	$102.25	$66.35	$160.85
60	$108.25	$69.85	$170.35
61	$114.65	$73.55	$180.45
62	$121.35	$77.35	$190.95
63	$127.75	$80.95	$200.95
64	$134.45	$84.85	$211.55
65	$141.75	$88.95	$222.95
66	$149.55	$93.45	$235.25
67	$158.15	$98.35	$248.75
68	$169.75	$104.35	$266.35
69	$183.95	$111.95	$288.15
70	$203.75	$122.45	$318.45

Note: Each dependent child is automatically covered with a $2,000 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.

** Premium rates shown above assume an opposite gender spouse who is the same age and nicotine status as the policyholder. Different rates apply for non-nicotine – see other page.

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