LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

NEW HAMPSHIRE

INDIVIDUAL – NON-NICOTINE

Benefit Amount: $15,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$11.35	$11.65	$15.25
19	$11.35	$11.65	$15.25
20	$11.35	$11.65	$15.25
21	$11.35	$11.65	$15.25
22	$11.35	$11.65	$15.25
23	$11.80	$12.10	$16.15
24	$12.10	$12.40	$16.75
25	$12.55	$12.85	$17.65
26	$13.00	$13.30	$18.55
27	$13.45	$13.75	$19.45
28	$13.90	$14.20	$20.35
29	$14.50	$14.80	$21.55
30	$15.10	$15.25	$22.60
31	$15.70	$15.85	$23.80
32	$16.45	$16.45	$25.15
33	$17.20	$17.20	$26.65
34	$18.10	$17.95	$28.30
35	$19.00	$18.85	$30.10
36	$19.90	$19.75	$31.90
37	$20.95	$20.65	$33.85
38	$22.15	$21.55	$35.95
39	$23.65	$22.60	$38.50
40	$25.15	$23.65	$41.05
41	$26.65	$24.85	$43.75
42	$28.45	$26.05	$46.75
43	$30.10	$27.10	$49.45
44	$31.90	$28.15	$52.30

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
45	$33.70	$29.35	$55.30
46	$35.65	$30.55	$58.45
47	$37.75	$31.75	$61.75
48	$40.00	$33.10	$65.35
49	$42.40	$34.45	$69.10
50	$44.95	$35.80	$73.00
51	$47.50	$37.30	$77.05
52	$50.35	$38.95	$81.55
53	$53.20	$40.45	$85.90
54	$56.05	$42.10	$90.40
55	$59.20	$43.90	$95.35
56	$62.50	$45.70	$100.45
57	$65.95	$47.65	$105.85
58	$69.55	$49.75	$111.55
59	$73.45	$52.15	$117.85
60	$77.35	$54.40	$124.00
61	$81.55	$56.95	$130.75
62	$86.05	$59.65	$137.95
63	$90.40	$62.35	$145.00
64	$95.05	$65.20	$152.50
65	$100.15	$68.50	$160.90
66	$105.55	$71.95	$169.75
67	$111.85	$75.85	$179.95
68	$119.65	$80.80	$192.70
69	$129.25	$86.80	$208.30
70	$142.15	$95.20	$229.60

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-0306-15K NH 11/18

LIFESECURE INSURANCE COMPANY

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Critical Illness Insurance Monthly Premium Rates*

NEW HAMPSHIRE

INDIVIDUAL – NICOTINE

Benefit Amount: $15,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$13.75	$13.45	$19.45
19	$13.75	$13.45	$19.45
20	$13.75	$13.45	$19.45
21	$13.75	$13.45	$19.45
22	$13.75	$13.45	$19.45
23	$14.50	$13.90	$20.65
24	$15.25	$14.50	$22.00
25	$16.00	$14.95	$23.20
26	$16.75	$15.55	$24.55
27	$17.65	$16.15	$26.05
28	$18.70	$16.90	$27.85
29	$19.90	$17.65	$29.80
30	$21.25	$18.55	$32.05
31	$22.75	$19.60	$34.60
32	$24.25	$20.65	$37.15
33	$25.90	$21.70	$39.85
34	$27.70	$23.05	$43.00
35	$29.50	$24.25	$46.00
36	$31.60	$25.75	$49.60
37	$33.85	$27.25	$53.35
38	$36.55	$28.90	$57.70
39	$39.55	$30.70	$62.50
40	$42.85	$32.65	$67.75
41	$46.45	$34.90	$73.60
42	$50.35	$37.15	$79.75
43	$53.80	$39.40	$85.45
44	$57.40	$41.80	$91.45

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
45	$61.15	$44.35	$97.75
46	$65.20	$47.05	$104.50
47	$69.55	$50.05	$111.85
48	$74.50	$52.90	$119.65
49	$79.90	$55.90	$128.05
50	$85.45	$59.20	$136.90
51	$91.45	$62.65	$146.35
52	$97.75	$66.25	$156.25
53	$103.90	$69.85	$166.00
54	$110.50	$73.45	$176.20
55	$117.40	$77.35	$187.00
56	$124.75	$81.55	$198.55
57	$132.55	$86.05	$210.85
58	$140.80	$90.85	$223.90
59	$149.50	$95.65	$237.40
60	$158.50	$100.90	$251.65
61	$168.10	$106.45	$266.80
62	$178.15	$112.15	$282.55
63	$187.75	$117.55	$297.55
64	$197.80	$123.40	$313.45
65	$208.75	$129.55	$330.55
66	$220.45	$136.30	$349.00
67	$233.35	$143.65	$369.25
68	$250.75	$152.65	$395.65
69	$272.05	$164.05	$428.35
70	$301.75	$179.80	$473.80

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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LS-CI-I-0306-15K NH 11/18