LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

NEW HAMPSHIRE

INDIVIDUAL – NON-NICOTINE

Benefit Amount: $25,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$13.75	$14.25	$20.25
19	$13.75	$14.25	$20.25
20	$13.75	$14.25	$20.25
21	$13.75	$14.25	$20.25
22	$13.75	$14.25	$20.25
23	$14.50	$15.00	$21.75
24	$15.00	$15.50	$22.75
25	$15.75	$16.25	$24.25
26	$16.50	$17.00	$25.75
27	$17.25	$17.75	$27.25
28	$18.00	$18.50	$28.75
29	$19.00	$19.50	$30.75
30	$20.00	$20.25	$32.50
31	$21.00	$21.25	$34.50
32	$22.25	$22.25	$36.75
33	$23.50	$23.50	$39.25
34	$25.00	$24.75	$42.00
35	$26.50	$26.25	$45.00
36	$28.00	$27.75	$48.00
37	$29.75	$29.25	$51.25
38	$31.75	$30.75	$54.75
39	$34.25	$32.50	$59.00
40	$36.75	$34.25	$63.25
41	$39.25	$36.25	$67.75
42	$42.25	$38.25	$72.75
43	$45.00	$40.00	$77.25
44	$48.00	$41.75	$82.00
45	$51.00	$43.75	$87.00
46	$54.25	$45.75	$92.25
47	$57.75	$47.75	$97.75
48	$61.50	$50.00	$103.75
49	$65.50	$52.25	$110.00
50	$69.75	$54.50	$116.50
51	$74.00	$57.00	$123.25
52	$78.75	$59.75	$130.75
53	$83.50	$62.25	$138.00
54	$88.25	$65.00	$145.50
55	$93.50	$68.00	$153.75
56	$99.00	$71.00	$162.25
57	$104.75	$74.25	$171.25
58	$110.75	$77.75	$180.75
59	$117.25	$81.75	$191.25
60	$123.75	$85.50	$201.50
61	$130.75	$89.75	$212.75
62	$138.25	$94.25	$224.75
63	$145.50	$98.75	$236.50
64	$153.25	$103.50	$249.00
65	$161.75	$109.00	$263.00
66	$170.75	$114.75	$277.75
67	$181.25	$121.25	$294.75
68	$194.25	$129.50	$316.00
69	$210.25	$139.50	$342.00
70	$231.75	$153.50	$377.50

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-0306-25K NH 11/18

LIFESECURE INSURANCE COMPANY

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Critical Illness Insurance Monthly Premium Rates*

NEW HAMPSHIRE

INDIVIDUAL – NICOTINE

Benefit Amount: $25,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$17.75	$17.25	$27.25
19	$17.75	$17.25	$27.25
20	$17.75	$17.25	$27.25
21	$17.75	$17.25	$27.25
22	$17.75	$17.25	$27.25
23	$19.00	$18.00	$29.25
24	$20.25	$19.00	$31.50
25	$21.50	$19.75	$33.50
26	$22.75	$20.75	$35.75
27	$24.25	$21.75	$38.25
28	$26.00	$23.00	$41.25
29	$28.00	$24.25	$44.50
30	$30.25	$25.75	$48.25
31	$32.75	$27.50	$52.50
32	$35.25	$29.25	$56.75
33	$38.00	$31.00	$61.25
34	$41.00	$33.25	$66.50
35	$44.00	$35.25	$71.50
36	$47.50	$37.75	$77.50
37	$51.25	$40.25	$83.75
38	$55.75	$43.00	$91.00
39	$60.75	$46.00	$99.00
40	$66.25	$49.25	$107.75
41	$72.25	$53.00	$117.50
42	$78.75	$56.75	$127.75
43	$84.50	$60.50	$137.25
44	$90.50	$64.50	$147.25
45	$96.75	$68.75	$157.75
46	$103.50	$73.25	$169.00
47	$110.75	$78.25	$181.25
48	$119.00	$83.00	$194.25
49	$128.00	$88.00	$208.25
50	$137.25	$93.50	$223.00
51	$147.25	$99.25	$238.75
52	$157.75	$105.25	$255.25
53	$168.00	$111.25	$271.50
54	$179.00	$117.25	$288.50
55	$190.50	$123.75	$306.50
56	$202.75	$130.75	$325.75
57	$215.75	$138.25	$346.25
58	$229.50	$146.25	$368.00
59	$244.00	$154.25	$390.50
60	$259.00	$163.00	$414.25
61	$275.00	$172.25	$439.50
62	$291.75	$181.75	$465.75
63	$307.75	$190.75	$490.75
64	$324.50	$200.50	$517.25
65	$342.75	$210.75	$545.75
66	$362.25	$222.00	$576.50
67	$383.75	$234.25	$610.25
68	$412.75	$249.25	$654.25
69	$448.25	$268.25	$708.75
70	$497.75	$294.50	$784.50

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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