LIFESECURE INSURANCE COMPANY

Critical Illness Insurance Monthly Premium Rates*

NEW HAMPSHIRE

INDIVIDUAL – NON-NICOTINE

Benefit Amount: $30,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$14.95	$15.55	$22.75
19	$14.95	$15.55	$22.75
20	$14.95	$15.55	$22.75
21	$14.95	$15.55	$22.75
22	$14.95	$15.55	$22.75
23	$15.85	$16.45	$24.55
24	$16.45	$17.05	$25.75
25	$17.35	$17.95	$27.55
26	$18.25	$18.85	$29.35
27	$19.15	$19.75	$31.15
28	$20.05	$20.65	$32.95
29	$21.25	$21.85	$35.35
30	$22.45	$22.75	$37.45
31	$23.65	$23.95	$39.85
32	$25.15	$25.15	$42.55
33	$26.65	$26.65	$45.55
34	$28.45	$28.15	$48.85
35	$30.25	$29.95	$52.45
36	$32.05	$31.75	$56.05
37	$34.15	$33.55	$59.95
38	$36.55	$35.35	$64.15
39	$39.55	$37.45	$69.25
40	$42.55	$39.55	$74.35
41	$45.55	$41.95	$79.75
42	$49.15	$44.35	$85.75
43	$52.45	$46.45	$91.15
44	$56.05	$48.55	$96.85
45	$59.65	$50.95	$102.85
46	$63.55	$53.35	$109.15
47	$67.75	$55.75	$115.75
48	$72.25	$58.45	$122.95
49	$77.05	$61.15	$130.45
50	$82.15	$63.85	$138.25
51	$87.25	$66.85	$146.35
52	$92.95	$70.15	$155.35
53	$98.65	$73.15	$164.05
54	$104.35	$76.45	$173.05
55	$110.65	$80.05	$182.95
56	$117.25	$83.65	$193.15
57	$124.15	$87.55	$203.95
58	$131.35	$91.75	$215.35
59	$139.15	$96.55	$227.95
60	$146.95	$101.05	$240.25
61	$155.35	$106.15	$253.75
62	$164.35	$111.55	$268.15
63	$173.05	$116.95	$282.25
64	$182.35	$122.65	$297.25
65	$192.55	$129.25	$314.05
66	$203.35	$136.15	$331.75
67	$215.95	$143.95	$352.15
68	$231.55	$153.85	$377.65
69	$250.75	$165.85	$408.85
70	$276.55	$182.65	$451.45

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 nicotine users – see other page.

Policy Series LS-CI-0001 NH
LS-CI-I-0306-30K NH 11/18

LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

NEW HAMPSHIRE

INDIVIDUAL – NICOTINE

Benefit Amount: $30,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$19.75	$19.15	$31.15
19	$19.75	$19.15	$31.15
20	$19.75	$19.15	$31.15
21	$19.75	$19.15	$31.15
22	$19.75	$19.15	$31.15
23	$21.25	$20.05	$33.55
24	$22.75	$21.25	$36.25
25	$24.25	$22.15	$38.65
26	$25.75	$23.35	$41.35
27	$27.55	$24.55	$44.35
28	$29.65	$26.05	$47.95
29	$32.05	$27.55	$51.85
30	$34.75	$29.35	$56.35
31	$37.75	$31.45	$61.45
32	$40.75	$33.55	$66.55
33	$44.05	$35.65	$71.95
34	$47.65	$38.35	$78.25
35	$51.25	$40.75	$84.25
36	$55.45	$43.75	$91.45
37	$59.95	$46.75	$98.95
38	$65.35	$50.05	$107.65
39	$71.35	$53.65	$117.25
40	$77.95	$57.55	$127.75
41	$85.15	$62.05	$139.45
42	$92.95	$66.55	$151.75
43	$99.85	$71.05	$163.15
44	$107.05	$75.85	$175.15

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
45	$114.55	$80.95	$187.75
46	$122.65	$86.35	$201.25
47	$131.35	$92.35	$215.95
48	$141.25	$98.05	$231.55
49	$152.05	$104.05	$248.35
50	$163.15	$110.65	$266.05
51	$175.15	$117.55	$284.95
52	$187.75	$124.75	$304.75
53	$200.05	$131.95	$324.25
54	$213.25	$139.15	$344.65
55	$227.05	$146.95	$366.25
56	$241.75	$155.35	$389.35
57	$257.35	$164.35	$413.95
58	$273.85	$173.95	$440.05
59	$291.25	$183.55	$467.05
60	$309.25	$194.05	$495.55
61	$328.45	$205.15	$525.85
62	$348.55	$216.55	$557.35
63	$367.75	$227.35	$587.35
64	$387.85	$239.05	$619.15
65	$409.75	$251.35	$653.35
66	$433.15	$264.85	$690.25
67	$458.95	$279.55	$730.75
68	$493.75	$297.55	$783.55
69	$536.35	$320.35	$848.95
70	$595.75	$351.85	$939.85

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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