LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

NEW HAMPSHIRE

INDIVIDUAL – NON-NICOTINE

Benefit Amount: $35,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$16.15	$16.85	$25.25
19	$16.15	$16.85	$25.25
20	$16.15	$16.85	$25.25
21	$16.15	$16.85	$25.25
22	$16.15	$16.85	$25.25
23	$17.20	$17.90	$27.35
24	$17.90	$18.60	$28.75
25	$18.95	$19.65	$30.85
26	$20.00	$20.70	$32.95
27	$21.05	$21.75	$35.05
28	$22.10	$22.80	$37.15
29	$23.50	$24.20	$39.95
30	$24.90	$25.25	$42.40
31	$26.30	$26.65	$45.20
32	$28.05	$28.05	$48.35
33	$29.80	$29.80	$51.85
34	$31.90	$31.55	$55.70
35	$34.00	$33.65	$59.90
36	$36.10	$35.75	$64.10
37	$38.55	$37.85	$68.65
38	$41.35	$39.95	$73.55
39	$44.85	$42.40	$79.50
40	$48.35	$44.85	$85.45
41	$51.85	$47.65	$91.75
42	$56.05	$50.45	$98.75
43	$59.90	$52.90	$105.05
44	$64.10	$55.35	$111.70

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
45	$68.30	$58.15	$118.70
46	$72.85	$60.95	$126.05
47	$77.75	$63.75	$133.75
48	$83.00	$66.90	$142.15
49	$88.60	$70.05	$150.90
50	$94.55	$73.20	$160.00
51	$100.50	$76.70	$169.45
52	$107.15	$80.55	$179.95
53	$113.80	$84.05	$190.10
54	$120.45	$87.90	$200.60
55	$127.80	$92.10	$212.15
56	$135.50	$96.30	$224.05
57	$143.55	$100.85	$236.65
58	$151.95	$105.75	$249.95
59	$161.05	$111.35	$264.65
60	$170.15	$116.60	$279.00
61	$179.95	$122.55	$294.75
62	$190.45	$128.85	$311.55
63	$200.60	$135.15	$328.00
64	$211.45	$141.80	$345.50
65	$223.35	$149.50	$365.10
66	$235.95	$157.55	$385.75
67	$250.65	$166.65	$409.55
68	$268.85	$178.20	$439.30
69	$291.25	$192.20	$475.70
70	$321.35	$211.80	$525.40

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-0306-35K NH 11/18

LIFESECURE INSURANCE COMPANY

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Critical Illness Insurance Monthly Premium Rates*

NEW HAMPSHIRE

INDIVIDUAL – NICOTINE

Benefit Amount: $35,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$21.75	$21.05	$35.05
19	$21.75	$21.05	$35.05
20	$21.75	$21.05	$35.05
21	$21.75	$21.05	$35.05
22	$21.75	$21.05	$35.05
23	$23.50	$22.10	$37.85
24	$25.25	$23.50	$41.00
25	$27.00	$24.55	$43.80
26	$28.75	$25.95	$46.95
27	$30.85	$27.35	$50.45
28	$33.30	$29.10	$54.65
29	$36.10	$30.85	$59.20
30	$39.25	$32.95	$64.45
31	$42.75	$35.40	$70.40
32	$46.25	$37.85	$76.35
33	$50.10	$40.30	$82.65
34	$54.30	$43.45	$90.00
35	$58.50	$46.25	$97.00
36	$63.40	$49.75	$105.40
37	$68.65	$53.25	$114.15
38	$74.95	$57.10	$124.30
39	$81.95	$61.30	$135.50
40	$89.65	$65.85	$147.75
41	$98.05	$71.10	$161.40
42	$107.15	$76.35	$175.75
43	$115.20	$81.60	$189.05
44	$123.60	$87.20	$203.05

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
45	$132.35	$93.15	$217.75
46	$141.80	$99.45	$233.50
47	$151.95	$106.45	$250.65
48	$163.50	$113.10	$268.85
49	$176.10	$120.10	$288.45
50	$189.05	$127.80	$309.10
51	$203.05	$135.85	$331.15
52	$217.75	$144.25	$354.25
53	$232.10	$152.65	$377.00
54	$247.50	$161.05	$400.80
55	$263.60	$170.15	$426.00
56	$280.75	$179.95	$452.95
57	$298.95	$190.45	$481.65
58	$318.20	$201.65	$512.10
59	$338.50	$212.85	$543.60
60	$359.50	$225.10	$576.85
61	$381.90	$238.05	$612.20
62	$405.35	$251.35	$648.95
63	$427.75	$263.95	$683.95
64	$451.20	$277.60	$721.05
65	$476.75	$291.95	$760.95
66	$504.05	$307.70	$804.00
67	$534.15	$324.85	$851.25
68	$574.75	$345.85	$912.85
69	$624.45	$372.45	$989.15
70	$693.75	$409.20	$1,095.20

Note: Each dependent child is automatically covered with a $2,000 Benefit Amount – *at no additional cost*

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** 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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