LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

NEW HAMPSHIRE

INDIVIDUAL – NON-NICOTINE

Benefit Amount: $40,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$17.35	$18.15	$27.75
19	$17.35	$18.15	$27.75
20	$17.35	$18.15	$27.75
21	$17.35	$18.15	$27.75
22	$17.35	$18.15	$27.75
23	$18.55	$19.35	$30.15
24	$19.35	$20.15	$31.75
25	$20.55	$21.35	$34.15
26	$21.75	$22.55	$36.55
27	$22.95	$23.75	$38.95
28	$24.15	$24.95	$41.35
29	$25.75	$26.55	$44.55
30	$27.35	$27.75	$47.35
31	$28.95	$29.35	$50.55
32	$30.95	$30.95	$54.15
33	$32.95	$32.95	$58.15
34	$35.35	$34.95	$62.55
35	$37.75	$37.35	$67.35
36	$40.15	$39.75	$72.15
37	$42.95	$42.15	$77.35
38	$46.15	$44.55	$82.95
39	$50.15	$47.35	$89.75
40	$54.15	$50.15	$96.55
41	$58.15	$53.35	$103.75
42	$62.95	$56.55	$111.75
43	$67.35	$59.35	$118.95
44	$72.15	$62.15	$126.55
45	$76.95	$65.35	$134.55
46	$82.15	$68.55	$142.95
47	$87.75	$71.75	$151.75
48	$93.75	$75.35	$161.35
49	$100.15	$78.95	$171.35
50	$106.95	$82.55	$181.75
51	$113.75	$86.55	$192.55
52	$121.35	$90.95	$204.55
53	$128.95	$94.95	$216.15
54	$136.55	$99.35	$228.15
55	$144.95	$104.15	$241.35
56	$153.75	$108.95	$254.95
57	$162.95	$114.15	$269.35
58	$172.55	$119.75	$284.55
59	$182.95	$126.15	$301.35
60	$193.35	$132.15	$317.75
61	$204.55	$138.95	$335.75
62	$216.55	$146.15	$354.95
63	$228.15	$153.35	$373.75
64	$240.55	$160.95	$393.75
65	$254.15	$169.75	$416.15
66	$268.55	$178.95	$439.75
67	$285.35	$189.35	$466.95
68	$306.15	$202.55	$500.95
69	$331.75	$218.55	$542.55
70	$366.15	$240.95	$599.35

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-0306-40K NH 11/18

LIFESECURE INSURANCE COMPANY

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Critical Illness Insurance Monthly Premium Rates*

NEW HAMPSHIRE

INDIVIDUAL – NICOTINE

Benefit Amount: $40,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$23.75	$22.95	$38.95
19	$23.75	$22.95	$38.95
20	$23.75	$22.95	$38.95
21	$23.75	$22.95	$38.95
22	$23.75	$22.95	$38.95
23	$25.75	$24.15	$42.15
24	$27.75	$25.75	$45.75
25	$29.75	$26.95	$48.95
26	$31.75	$28.55	$52.55
27	$34.15	$30.15	$56.55
28	$36.95	$32.15	$61.35
29	$40.15	$34.15	$66.55
30	$43.75	$36.55	$72.55
31	$47.75	$39.35	$79.35
32	$51.75	$42.15	$86.15
33	$56.15	$44.95	$93.35
34	$60.95	$48.55	$101.75
35	$65.75	$51.75	$109.75
36	$71.35	$55.75	$119.35
37	$77.35	$59.75	$129.35
38	$84.55	$64.15	$140.95
39	$92.55	$68.95	$153.75
40	$101.35	$74.15	$167.75
41	$110.95	$80.15	$183.35
42	$121.35	$86.15	$199.75
43	$130.55	$92.15	$214.95
44	$140.15	$98.55	$230.95
45	$150.15	$105.35	$247.75
46	$160.95	$112.55	$265.75
47	$172.55	$120.55	$285.35
48	$185.75	$128.15	$306.15
49	$200.15	$136.15	$328.55
50	$214.95	$144.95	$352.15
51	$230.95	$154.15	$377.35
52	$247.75	$163.75	$403.75
53	$264.15	$173.35	$429.75
54	$281.75	$182.95	$456.95
55	$300.15	$193.35	$485.75
56	$319.75	$204.55	$516.55
57	$340.55	$216.55	$549.35
58	$362.55	$229.35	$584.15
59	$385.75	$242.15	$620.15
60	$409.75	$256.15	$658.15
61	$435.35	$270.95	$698.55
62	$462.15	$286.15	$740.55
63	$487.75	$300.55	$780.55
64	$514.55	$316.15	$822.95
65	$543.75	$332.55	$868.55
66	$574.95	$350.55	$917.75
67	$609.35	$370.15	$971.75
68	$655.75	$394.15	$1,042.15
69	$712.55	$424.55	$1,129.35
70	$791.75	$466.55	$1,250.55

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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LS-CI-I-0306-40K NH 11/18