LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

NEW HAMPSHIRE

INDIVIDUAL – NON-NICOTINE

Benefit Amount: $50,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$19.75	$20.75	$32.75
19	$19.75	$20.75	$32.75
20	$19.75	$20.75	$32.75
21	$19.75	$20.75	$32.75
22	$19.75	$20.75	$32.75
23	$21.25	$22.25	$35.75
24	$22.25	$23.25	$37.75
25	$23.75	$24.75	$40.75
26	$25.25	$26.25	$43.75
27	$26.75	$27.75	$46.75
28	$28.25	$29.25	$49.75
29	$30.25	$31.25	$53.75
30	$32.25	$32.75	$57.25
31	$34.25	$34.75	$61.25
32	$36.75	$36.75	$65.75
33	$39.25	$39.25	$70.75
34	$42.25	$41.75	$76.25
35	$45.25	$44.75	$82.25
36	$48.25	$47.75	$88.25
37	$51.75	$50.75	$94.75
38	$55.75	$53.75	$101.75
39	$60.75	$57.25	$110.25
40	$65.75	$60.75	$118.75
41	$70.75	$64.75	$127.75
42	$76.75	$68.75	$137.75
43	$82.25	$72.25	$146.75
44	$88.25	$75.75	$156.25

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
45	$94.25	$79.75	$166.25
46	$100.75	$83.75	$176.75
47	$107.75	$87.75	$187.75
48	$115.25	$92.25	$199.75
49	$123.25	$96.75	$212.25
50	$131.75	$101.25	$225.25
51	$140.25	$106.25	$238.75
52	$149.75	$111.75	$253.75
53	$159.25	$116.75	$268.25
54	$168.75	$122.25	$283.25
55	$179.25	$128.25	$299.75
56	$190.25	$134.25	$316.75
57	$201.75	$140.75	$334.75
58	$213.75	$147.75	$353.75
59	$226.75	$155.75	$374.75
60	$239.75	$163.25	$395.25
61	$253.75	$171.75	$417.75
62	$268.75	$180.75	$441.75
63	$283.25	$189.75	$465.25
64	$298.75	$199.25	$490.25
65	$315.75	$210.25	$518.25
66	$333.75	$221.75	$547.75
67	$354.75	$234.75	$581.75
68	$380.75	$251.25	$624.25
69	$412.75	$271.25	$676.25
70	$455.75	$299.25	$747.25

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-0306-50K NH 11/18

LIFESECURE INSURANCE COMPANY

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Critical Illness Insurance Monthly Premium Rates*

NEW HAMPSHIRE

INDIVIDUAL – NICOTINE

Benefit Amount: $50,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$27.75	$26.75	$46.75
19	$27.75	$26.75	$46.75
20	$27.75	$26.75	$46.75
21	$27.75	$26.75	$46.75
22	$27.75	$26.75	$46.75
23	$30.25	$28.25	$50.75
24	$32.75	$30.25	$55.25
25	$35.25	$31.75	$59.25
26	$37.75	$33.75	$63.75
27	$40.75	$35.75	$68.75
28	$44.25	$38.25	$74.75
29	$48.25	$40.75	$81.25
30	$52.75	$43.75	$88.75
31	$57.75	$47.25	$97.25
32	$62.75	$50.75	$105.75
33	$68.25	$54.25	$114.75
34	$74.25	$58.75	$125.25
35	$80.25	$62.75	$135.25
36	$87.25	$67.75	$147.25
37	$94.75	$72.75	$159.75
38	$103.75	$78.25	$174.25
39	$113.75	$84.25	$190.25
40	$124.75	$90.75	$207.75
41	$136.75	$98.25	$227.25
42	$149.75	$105.75	$247.75
43	$161.25	$113.25	$266.75
44	$173.25	$121.25	$286.75

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
45	$185.75	$129.75	$307.75
46	$199.25	$138.75	$330.25
47	$213.75	$148.75	$354.75
48	$230.25	$158.25	$380.75
49	$248.25	$168.25	$408.75
50	$266.75	$179.25	$438.25
51	$286.75	$190.75	$469.75
52	$307.75	$202.75	$502.75
53	$328.25	$214.75	$535.25
54	$350.25	$226.75	$569.25
55	$373.25	$239.75	$605.25
56	$397.75	$253.75	$643.75
57	$423.75	$268.75	$684.75
58	$451.25	$284.75	$728.25
59	$480.25	$300.75	$773.25
60	$510.25	$318.25	$820.75
61	$542.25	$336.75	$871.25
62	$575.75	$355.75	$923.75
63	$607.75	$373.75	$973.75
64	$641.25	$393.25	$1,026.75
65	$677.75	$413.75	$1,083.75
66	$716.75	$436.25	$1,145.25
67	$759.75	$460.75	$1,212.75
68	$817.75	$490.75	$1,300.75
69	$888.75	$528.75	$1,409.75
70	$987.75	$581.25	$1,561.25

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-0306-50K NH 11/18