LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

NEW HAMPSHIRE

INDIVIDUAL – NON-NICOTINE

Benefit Amount: $5,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$8.95	$9.05	$10.25
19	$8.95	$9.05	$10.25
20	$8.95	$9.05	$10.25
21	$8.95	$9.05	$10.25
22	$8.95	$9.05	$10.25
23	$9.10	$9.20	$10.55
24	$9.20	$9.30	$10.75
25	$9.35	$9.45	$11.05
26	$9.50	$9.60	$11.35
27	$9.65	$9.75	$11.65
28	$9.80	$9.90	$11.95
29	$10.00	$10.10	$12.35
30	$10.20	$10.25	$12.70
31	$10.40	$10.45	$13.10
32	$10.65	$10.65	$13.55
33	$10.90	$10.90	$14.05
34	$11.20	$11.15	$14.60
35	$11.50	$11.45	$15.20
36	$11.80	$11.75	$15.80
37	$12.15	$12.05	$16.45
38	$12.55	$12.35	$17.15
39	$13.05	$12.70	$18.00
40	$13.55	$13.05	$18.85
41	$14.05	$13.45	$19.75
42	$14.65	$13.85	$20.75
43	$15.20	$14.20	$21.65
44	$15.80	$14.55	$22.60

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
45	$16.40	$14.95	$23.60
46	$17.05	$15.35	$24.65
47	$17.75	$15.75	$25.75
48	$18.50	$16.20	$26.95
49	$19.30	$16.65	$28.20
50	$20.15	$17.10	$29.50
51	$21.00	$17.60	$30.85
52	$21.95	$18.15	$32.35
53	$22.90	$18.65	$33.80
54	$23.85	$19.20	$35.30
55	$24.90	$19.80	$36.95
56	$26.00	$20.40	$38.65
57	$27.15	$21.05	$40.45
58	$28.35	$21.75	$42.35
59	$29.65	$22.55	$44.45
60	$30.95	$23.30	$46.50
61	$32.35	$24.15	$48.75
62	$33.85	$25.05	$51.15
63	$35.30	$25.95	$53.50
64	$36.85	$26.90	$56.00
65	$38.55	$28.00	$58.80
66	$40.35	$29.15	$61.75
67	$42.45	$30.45	$65.15
68	$45.05	$32.10	$69.40
69	$48.25	$34.10	$74.60
70	$52.55	$36.90	$81.70

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-0306-5K NH 11/18

LIFESECURE INSURANCE COMPANY

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Critical Illness Insurance Monthly Premium Rates*

NEW HAMPSHIRE

INDIVIDUAL – NICOTINE

Benefit Amount: $5,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$9.75	$9.65	$11.65
19	$9.75	$9.65	$11.65
20	$9.75	$9.65	$11.65
21	$9.75	$9.65	$11.65
22	$9.75	$9.65	$11.65
23	$10.00	$9.80	$12.05
24	$10.25	$10.00	$12.50
25	$10.50	$10.15	$12.90
26	$10.75	$10.35	$13.35
27	$11.05	$10.55	$13.85
28	$11.40	$10.80	$14.45
29	$11.80	$11.05	$15.10
30	$12.25	$11.35	$15.85
31	$12.75	$11.70	$16.70
32	$13.25	$12.05	$17.55
33	$13.80	$12.40	$18.45
34	$14.40	$12.85	$19.50
35	$15.00	$13.25	$20.50
36	$15.70	$13.75	$21.70
37	$16.45	$14.25	$22.95
38	$17.35	$14.80	$24.40
39	$18.35	$15.40	$26.00
40	$19.45	$16.05	$27.75
41	$20.65	$16.80	$29.70
42	$21.95	$17.55	$31.75
43	$23.10	$18.30	$33.65
44	$24.30	$19.10	$35.65

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
45	$25.55	$19.95	$37.75
46	$26.90	$20.85	$40.00
47	$28.35	$21.85	$42.45
48	$30.00	$22.80	$45.05
49	$31.80	$23.80	$47.85
50	$33.65	$24.90	$50.80
51	$35.65	$26.05	$53.95
52	$37.75	$27.25	$57.25
53	$39.80	$28.45	$60.50
54	$42.00	$29.65	$63.90
55	$44.30	$30.95	$67.50
56	$46.75	$32.35	$71.35
57	$49.35	$33.85	$75.45
58	$52.10	$35.45	$79.80
59	$55.00	$37.05	$84.30
60	$58.00	$38.80	$89.05
61	$61.20	$40.65	$94.10
62	$64.55	$42.55	$99.35
63	$67.75	$44.35	$104.35
64	$71.10	$46.30	$109.65
65	$74.75	$48.35	$115.35
66	$78.65	$50.60	$121.50
67	$82.95	$53.05	$128.25
68	$88.75	$56.05	$137.05
69	$95.85	$59.85	$147.95
70	$105.75	$65.10	$163.10

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-0306-5K NH 11/18