LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

GEORGIA

INDIVIDUAL – NON-NICOTINE

Benefit Amount: $10,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$9.95	$10.15	$12.35
19	$9.95	$10.15	$12.35
20	$9.95	$10.15	$12.35
21	$9.95	$10.15	$12.35
22	$9.95	$10.15	$12.35
23	$10.15	$10.35	$12.75
24	$10.45	$10.65	$13.35
25	$10.65	$10.85	$13.75
26	$10.85	$11.05	$14.15
27	$11.15	$11.35	$14.75
28	$11.45	$11.65	$15.35
29	$11.75	$11.95	$15.95
30	$12.15	$12.25	$16.65
31	$12.55	$12.55	$17.35
32	$12.95	$12.95	$18.15
33	$13.45	$13.35	$19.05
34	$13.95	$13.85	$20.05
35	$14.55	$14.25	$21.05
36	$15.15	$14.85	$22.25
37	$15.75	$15.35	$23.35
38	$16.45	$15.95	$24.65
39	$17.25	$16.45	$25.95
40	$18.15	$17.15	$27.55
41	$19.15	$17.85	$29.25
42	$20.15	$18.55	$30.95
43	$21.25	$19.25	$32.75
44	$22.35	$19.95	$34.55
45	$23.55	$20.75	$36.55
46	$24.75	$21.55	$38.55
47	$26.15	$22.35	$40.75
48	$27.45	$23.15	$42.85
49	$28.85	$24.05	$45.15
50	$30.35	$24.95	$47.55
51	$31.95	$25.95	$50.15
52	$33.55	$26.95	$52.75
53	$35.25	$27.85	$55.35
54	$37.05	$28.75	$58.05
55	$38.85	$29.75	$60.85
56	$40.85	$30.85	$63.95
57	$42.95	$31.95	$67.15
58	$45.05	$33.25	$70.55
59	$47.25	$34.65	$74.15
60	$49.55	$36.15	$77.95
61	$51.95	$37.75	$81.95
62	$54.55	$39.35	$86.15
63	$57.25	$40.85	$90.35
64	$60.05	$42.55	$94.85
65	$63.15	$44.35	$99.75
66	$66.55	$46.35	$105.15
67	$70.35	$48.55	$111.15
68	$75.05	$51.45	$118.75
69	$80.85	$55.05	$128.15
70	$88.55	$60.15	$140.95

Note: Each dependent child is automatically covered with a $2,500 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 GA
LS-CI-I-0306-10K GA 07/18

LIFESECURE INSURANCE COMPANY

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Critical Illness Insurance Monthly Premium Rates*

GEORGIA

INDIVIDUAL – NICOTINE

Benefit Amount: $10,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$11.35	$11.15	$14.75
19	$11.35	$11.15	$14.75
20	$11.35	$11.15	$14.75
21	$11.35	$11.15	$14.75
22	$11.35	$11.15	$14.75
23	$11.75	$11.45	$15.45
24	$12.25	$11.75	$16.25
25	$12.75	$12.05	$17.05
26	$13.25	$12.35	$17.85
27	$13.75	$12.75	$18.75
28	$14.35	$13.15	$19.75
29	$15.05	$13.65	$20.95
30	$15.85	$14.15	$22.25
31	$16.65	$14.75	$23.65
32	$17.55	$15.35	$25.15
33	$18.55	$16.05	$26.85
34	$19.55	$16.85	$28.65
35	$20.75	$17.65	$30.65
36	$21.95	$18.55	$32.75
37	$23.35	$19.55	$35.15
38	$25.05	$20.55	$37.85
39	$26.85	$21.75	$40.85
40	$28.95	$22.95	$44.15
41	$31.15	$24.35	$47.75
42	$33.55	$25.75	$51.55
43	$35.65	$27.05	$54.95
44	$37.75	$28.55	$58.55

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
45	$40.05	$30.05	$62.35
46	$42.55	$31.65	$66.45
47	$45.15	$33.35	$70.75
48	$48.05	$35.05	$75.35
49	$51.25	$36.95	$80.45
50	$54.55	$38.85	$85.65
51	$58.05	$40.95	$91.25
52	$61.75	$43.15	$97.15
53	$65.45	$45.15	$102.85
54	$69.45	$47.35	$109.05
55	$73.55	$49.55	$115.35
56	$78.05	$51.95	$122.25
57	$82.75	$54.55	$129.55
58	$87.75	$57.45	$137.45
59	$92.85	$60.45	$145.55
60	$98.35	$63.65	$154.25
61	$104.15	$67.05	$163.45
62	$110.15	$70.55	$172.95
63	$115.95	$73.85	$182.05
64	$121.95	$77.35	$191.55
65	$128.55	$81.05	$201.85
66	$135.65	$85.15	$213.05
67	$143.35	$89.55	$225.15
68	$153.75	$95.05	$241.05
69	$166.65	$101.75	$260.65
70	$184.45	$111.35	$288.05

Note: Each dependent child is automatically covered with a $2,500 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-0306-10K GA 07/18