## LIFESECURE INSURANCE COMPANY

lifesecure™

# Critical Illness Insurance Monthly Premium Rates*

# GEORGIA

## INDIVIDUAL – NON-NICOTINE

**Benefit Amount: $30,000**

| Age | MALE *Self Only* | FEMALE *Self Only* | MALE OR FEMALE *with Spouse*** |
|---|---|---|---|
| 18 | $14.35 | $14.95 | $21.55 |
| 19 | $14.35 | $14.95 | $21.55 |
| 20 | $14.35 | $14.95 | $21.55 |
| 21 | $14.35 | $14.95 | $21.55 |
| 22 | $14.35 | $14.95 | $21.55 |
| 23 | $14.95 | $15.55 | $22.75 |
| 24 | $15.85 | $16.45 | $24.55 |
| 25 | $16.45 | $17.05 | $25.75 |
| 26 | $17.05 | $17.65 | $26.95 |
| 27 | $17.95 | $18.55 | $28.75 |
| 28 | $18.85 | $19.45 | $30.55 |
| 29 | $19.75 | $20.35 | $32.35 |
| 30 | $20.95 | $21.25 | $34.45 |
| 31 | $22.15 | $22.15 | $36.55 |
| 32 | $23.35 | $23.35 | $38.95 |
| 33 | $24.85 | $24.55 | $41.65 |
| 34 | $26.35 | $26.05 | $44.65 |
| 35 | $28.15 | $27.25 | $47.65 |
| 36 | $29.95 | $29.05 | $51.25 |
| 37 | $31.75 | $30.55 | $54.55 |
| 38 | $33.85 | $32.35 | $58.45 |
| 39 | $36.25 | $33.85 | $62.35 |
| 40 | $38.95 | $35.95 | $67.15 |
| 41 | $41.95 | $38.05 | $72.25 |
| 42 | $44.95 | $40.15 | $77.35 |
| 43 | $48.25 | $42.25 | $82.75 |
| 44 | $51.55 | $44.35 | $88.15 |
| 45 | $55.15 | $46.75 | $94.15 |
| 46 | $58.75 | $49.15 | $100.15 |
| 47 | $62.95 | $51.55 | $106.75 |
| 48 | $66.85 | $53.95 | $113.05 |
| 49 | $71.05 | $56.65 | $119.95 |
| 50 | $75.55 | $59.35 | $127.15 |
| 51 | $80.35 | $62.35 | $134.95 |
| 52 | $85.15 | $65.35 | $142.75 |
| 53 | $90.25 | $68.05 | $150.55 |
| 54 | $95.65 | $70.75 | $158.65 |
| 55 | $101.05 | $73.75 | $167.05 |
| 56 | $107.05 | $77.05 | $176.35 |
| 57 | $113.35 | $80.35 | $185.95 |
| 58 | $119.65 | $84.25 | $196.15 |
| 59 | $126.25 | $88.45 | $206.95 |
| 60 | $133.15 | $92.95 | $218.35 |
| 61 | $140.35 | $97.75 | $230.35 |
| 62 | $148.15 | $102.55 | $242.95 |
| 63 | $156.25 | $107.05 | $255.55 |
| 64 | $164.65 | $112.15 | $269.05 |
| 65 | $173.95 | $117.55 | $283.75 |
| 66 | $184.15 | $123.55 | $299.95 |
| 67 | $195.55 | $130.15 | $317.95 |
| 68 | $209.65 | $138.85 | $340.75 |
| 69 | $227.05 | $149.65 | $368.95 |
| 70 | $250.15 | $164.95 | $407.35 |

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-0306-30K GA 07/18

## LIFESECURE INSURANCE COMPANY

lifesecure™

# Critical Illness Insurance Monthly Premium Rates*

# GEORGIA

## INDIVIDUAL – NICOTINE

**Benefit Amount: $30,000**

| Age | MALE *Self Only* | FEMALE *Self Only* | MALE OR FEMALE *with Spouse*** |
|---|---|---|---|
| 18 | $18.55 | $17.95 | $28.75 |
| 19 | $18.55 | $17.95 | $28.75 |
| 20 | $18.55 | $17.95 | $28.75 |
| 21 | $18.55 | $17.95 | $28.75 |
| 22 | $18.55 | $17.95 | $28.75 |
| 23 | $19.75 | $18.85 | $30.85 |
| 24 | $21.25 | $19.75 | $33.25 |
| 25 | $22.75 | $20.65 | $35.65 |
| 26 | $24.25 | $21.55 | $38.05 |
| 27 | $25.75 | $22.75 | $40.75 |
| 28 | $27.55 | $23.95 | $43.75 |
| 29 | $29.65 | $25.45 | $47.35 |
| 30 | $32.05 | $26.95 | $51.25 |
| 31 | $34.45 | $28.75 | $55.45 |
| 32 | $37.15 | $30.55 | $59.95 |
| 33 | $40.15 | $32.65 | $65.05 |
| 34 | $43.15 | $35.05 | $70.45 |
| 35 | $46.75 | $37.45 | $76.45 |
| 36 | $50.35 | $40.15 | $82.75 |
| 37 | $54.55 | $43.15 | $89.95 |
| 38 | $59.65 | $46.15 | $98.05 |
| 39 | $65.05 | $49.75 | $107.05 |
| 40 | $71.35 | $53.35 | $116.95 |
| 41 | $77.95 | $57.55 | $127.75 |
| 42 | $85.15 | $61.75 | $139.15 |
| 43 | $91.45 | $65.65 | $149.35 |
| 44 | $97.75 | $70.15 | $160.15 |
| 45 | $104.65 | $74.65 | $171.55 |
| 46 | $112.15 | $79.45 | $183.85 |
| 47 | $119.95 | $84.55 | $196.75 |
| 48 | $128.65 | $89.65 | $210.55 |
| 49 | $138.25 | $95.35 | $225.85 |
| 50 | $148.15 | $101.05 | $241.45 |
| 51 | $158.65 | $107.35 | $258.25 |
| 52 | $169.75 | $113.95 | $275.95 |
| 53 | $180.85 | $119.95 | $293.05 |
| 54 | $192.85 | $126.55 | $311.65 |
| 55 | $205.15 | $133.15 | $330.55 |
| 56 | $218.65 | $140.35 | $351.25 |
| 57 | $232.75 | $148.15 | $373.15 |
| 58 | $247.75 | $156.85 | $396.85 |
| 59 | $263.05 | $165.85 | $421.15 |
| 60 | $279.55 | $175.45 | $447.25 |
| 61 | $296.95 | $185.65 | $474.85 |
| 62 | $314.95 | $196.15 | $503.35 |
| 63 | $332.35 | $206.05 | $530.65 |
| 64 | $350.35 | $216.55 | $559.15 |
| 65 | $370.15 | $227.65 | $590.05 |
| 66 | $391.45 | $239.95 | $623.65 |
| 67 | $414.55 | $253.15 | $659.95 |
| 68 | $445.75 | $269.65 | $707.65 |
| 69 | $484.45 | $289.75 | $766.45 |
| 70 | $537.85 | $318.55 | $848.65 |

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.

Policy Series LS-CI-0001 GA
LS-CI-I-0306-30K GA 07/18