LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

GEORGIA

INDIVIDUAL – NON-NICOTINE

Benefit Amount: $5,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$8.85	$8.95	$10.05
19	$8.85	$8.95	$10.05
20	$8.85	$8.95	$10.05
21	$8.85	$8.95	$10.05
22	$8.85	$8.95	$10.05
23	$8.95	$9.05	$10.25
24	$9.10	$9.20	$10.55
25	$9.20	$9.30	$10.75
26	$9.30	$9.40	$10.95
27	$9.45	$9.55	$11.25
28	$9.60	$9.70	$11.55
29	$9.75	$9.85	$11.85
30	$9.95	$10.00	$12.20
31	$10.15	$10.15	$12.55
32	$10.35	$10.35	$12.95
33	$10.60	$10.55	$13.40
34	$10.85	$10.80	$13.90
35	$11.15	$11.00	$14.40
36	$11.45	$11.30	$15.00
37	$11.75	$11.55	$15.55
38	$12.10	$11.85	$16.20
39	$12.50	$12.10	$16.85
40	$12.95	$12.45	$17.65
41	$13.45	$12.80	$18.50
42	$13.95	$13.15	$19.35
43	$14.50	$13.50	$20.25
44	$15.05	$13.85	$21.15
45	$15.65	$14.25	$22.15
46	$16.25	$14.65	$23.15
47	$16.95	$15.05	$24.25
48	$17.60	$15.45	$25.30
49	$18.30	$15.90	$26.45
50	$19.05	$16.35	$27.65
51	$19.85	$16.85	$28.95
52	$20.65	$17.35	$30.25
53	$21.50	$17.80	$31.55
54	$22.40	$18.25	$32.90
55	$23.30	$18.75	$34.30
56	$24.30	$19.30	$35.85
57	$25.35	$19.85	$37.45
58	$26.40	$20.50	$39.15
59	$27.50	$21.20	$40.95
60	$28.65	$21.95	$42.85
61	$29.85	$22.75	$44.85
62	$31.15	$23.55	$46.95
63	$32.50	$24.30	$49.05
64	$33.90	$25.15	$51.30
65	$35.45	$26.05	$53.75
66	$37.15	$27.05	$56.45
67	$39.05	$28.15	$59.45
68	$41.40	$29.60	$63.25
69	$44.30	$31.40	$67.95
70	$48.15	$33.95	$74.35

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-0306-5K GA 07/18

LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

GEORGIA

INDIVIDUAL – NICOTINE

Benefit Amount: $5,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
18	$9.55	$9.45	$11.25
19	$9.55	$9.45	$11.25
20	$9.55	$9.45	$11.25
21	$9.55	$9.45	$11.25
22	$9.55	$9.45	$11.25
23	$9.75	$9.60	$11.60
24	$10.00	$9.75	$12.00
25	$10.25	$9.90	$12.40
26	$10.50	$10.05	$12.80
27	$10.75	$10.25	$13.25
28	$11.05	$10.45	$13.75
29	$11.40	$10.70	$14.35
30	$11.80	$10.95	$15.00
31	$12.20	$11.25	$15.70
32	$12.65	$11.55	$16.45
33	$13.15	$11.90	$17.30
34	$13.65	$12.30	$18.20
35	$14.25	$12.70	$19.20
36	$14.85	$13.15	$20.25
37	$15.55	$13.65	$21.45
38	$16.40	$14.15	$22.80
39	$17.30	$14.75	$24.30
40	$18.35	$15.35	$25.95
41	$19.45	$16.05	$27.75
42	$20.65	$16.75	$29.65
43	$21.70	$17.40	$31.35
44	$22.75	$18.15	$33.15

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse***
45	$23.90	$18.90	$35.05
46	$25.15	$19.70	$37.10
47	$26.45	$20.55	$39.25
48	$27.90	$21.40	$41.55
49	$29.50	$22.35	$44.10
50	$31.15	$23.30	$46.70
51	$32.90	$24.35	$49.50
52	$34.75	$25.45	$52.45
53	$36.60	$26.45	$55.30
54	$38.60	$27.55	$58.40
55	$40.65	$28.65	$61.55
56	$42.90	$29.85	$65.00
57	$45.25	$31.15	$68.65
58	$47.75	$32.60	$72.60
59	$50.30	$34.10	$76.65
60	$53.05	$35.70	$81.00
61	$55.95	$37.40	$85.60
62	$58.95	$39.15	$90.35
63	$61.85	$40.80	$94.90
64	$64.85	$42.55	$99.65
65	$68.15	$44.40	$104.80
66	$71.70	$46.45	$110.40
67	$75.55	$48.65	$116.45
68	$80.75	$51.40	$124.40
69	$87.20	$54.75	$134.20
70	$96.10	$59.55	$147.90

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-0306-5K GA 07/18