LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates
COLORADO, SOUTH DAKOTA & WASHINGTON
INDIVIDUAL – NON-NICOTINE

Benefit Amount: $10,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
18	$8.88	$9.18	$11.08
19	$8.88	$9.18	$11.08
20	$8.88	$9.18	$11.08
21	$8.88	$9.18	$11.08
22	$8.88	$9.18	$11.08
23	$9.08	$9.38	$11.48
24	$9.28	$9.58	$11.88
25	$9.48	$9.78	$12.28
26	$9.68	$9.98	$12.68
27	$9.88	$10.18	$13.08
28	$10.18	$10.38	$13.58
29	$10.48	$10.68	$14.18
30	$10.78	$10.98	$14.78
31	$11.18	$11.28	$15.48
32	$11.58	$11.58	$16.18
33	$11.98	$11.98	$16.98
34	$12.48	$12.38	$17.88
35	$12.88	$12.78	$18.68
36	$13.38	$13.18	$19.58
37	$13.98	$13.68	$20.68
38	$14.68	$14.18	$21.88
39	$15.38	$14.68	$23.08
40	$16.08	$15.28	$24.38
41	$16.98	$15.88	$25.88
42	$17.88	$16.48	$27.38
43	$18.78	$17.08	$28.88
44	$19.68	$17.68	$30.38

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
45	$20.68	$18.38	$32.08
46	$21.68	$19.08	$33.78
47	$22.78	$19.78	$35.58
48	$23.98	$20.48	$37.48
49	$25.28	$21.18	$39.48
50	$26.58	$21.88	$41.48
51	$27.98	$22.68	$43.68
52	$29.48	$23.48	$45.98
53	$30.98	$24.28	$48.28
54	$32.48	$25.18	$50.68
55	$34.08	$25.98	$53.08
56	$35.78	$26.98	$55.78
57	$37.58	$27.98	$58.58
58	$39.48	$29.08	$61.58
59	$41.48	$30.28	$64.78
60	$43.58	$31.58	$68.18
61	$45.78	$32.88	$71.68
62	$48.08	$34.28	$75.38
63	$50.38	$35.68	$79.08
64	$52.78	$37.18	$82.98
65	$55.48	$38.88	$87.38
66	$58.38	$40.68	$92.08
67	$61.68	$42.68	$97.38
68	$65.78	$45.28	$104.08
69	$70.88	$48.38	$112.28
70	$77.58	$52.78	$123.38

Note: Each dependent child is automatically covered with a $2,500 Benefit Amount – *at no additional cost*

* 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
LS-CI-I-0306-10K LR60 09/18

LIFESECURE INSURANCE COMPANY

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Critical Illness Insurance Monthly Premium Rates
COLORADO, SOUTH DAKOTA & WASHINGTON
INDIVIDUAL – NICOTINE

Benefit Amount: $10,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
18	$10.18	$9.88	$13.08
19	$10.18	$9.88	$13.08
20	$10.18	$9.88	$13.08
21	$10.18	$9.88	$13.08
22	$10.18	$9.88	$13.08
23	$10.48	$10.18	$13.68
24	$10.88	$10.48	$14.38
25	$11.28	$10.68	$14.98
26	$11.68	$11.08	$15.78
27	$12.08	$11.38	$16.48
28	$12.68	$11.78	$17.48
29	$13.28	$12.18	$18.48
30	$13.98	$12.68	$19.68
31	$14.68	$13.18	$20.88
32	$15.48	$13.68	$22.18
33	$16.38	$14.28	$23.68
34	$17.28	$14.98	$25.28
35	$18.38	$15.68	$27.08
36	$19.48	$16.48	$28.98
37	$20.68	$17.28	$30.98
38	$22.08	$18.08	$33.18
39	$23.68	$19.08	$35.78
40	$25.38	$20.08	$38.48
41	$27.28	$21.18	$41.48
42	$29.28	$22.38	$44.68
43	$31.08	$23.58	$47.68
44	$32.98	$24.88	$50.88

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
45	$35.08	$26.28	$54.38
46	$37.28	$27.68	$57.98
47	$39.58	$29.28	$61.88
48	$42.18	$30.78	$65.98
49	$44.88	$32.38	$70.28
50	$47.78	$34.08	$74.88
51	$50.88	$35.88	$79.78
52	$54.18	$37.78	$84.98
53	$57.48	$39.68	$90.18
54	$60.88	$41.58	$95.48
55	$64.58	$43.68	$101.28
56	$68.48	$45.88	$107.38
57	$72.58	$48.18	$113.78
58	$76.88	$50.68	$120.58
59	$81.38	$53.28	$127.68
60	$86.08	$55.98	$135.08
61	$91.08	$58.88	$142.98
62	$96.38	$61.88	$151.28
63	$101.38	$64.78	$159.18
64	$106.68	$67.78	$167.48
65	$112.48	$71.08	$176.58
66	$118.58	$74.58	$186.18
67	$125.38	$78.48	$196.88
68	$134.48	$83.28	$210.78
69	$145.68	$89.18	$227.88
70	$161.28	$97.48	$251.78

Note: Each dependent child is automatically covered with a $2,500 Benefit Amount – *at no additional cost*

* 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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