LIFESECURE INSURANCE COMPANY

lifesecure™

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

Benefit Amount: $15,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
18	$9.83	$10.28	$13.13
19	$9.83	$10.28	$13.13
20	$9.83	$10.28	$13.13
21	$9.83	$10.28	$13.13
22	$9.83	$10.28	$13.13
23	$10.13	$10.58	$13.73
24	$10.43	$10.88	$14.33
25	$10.73	$11.18	$14.93
26	$11.03	$11.48	$15.53
27	$11.33	$11.78	$16.13
28	$11.78	$12.08	$16.88
29	$12.23	$12.53	$17.78
30	$12.68	$12.98	$18.68
31	$13.28	$13.43	$19.73
32	$13.88	$13.88	$20.78
33	$14.48	$14.48	$21.98
34	$15.23	$15.08	$23.33
35	$15.83	$15.68	$24.53
36	$16.58	$16.28	$25.88
37	$17.48	$17.03	$27.53
38	$18.53	$17.78	$29.33
39	$19.58	$18.53	$31.13
40	$20.63	$19.43	$33.08
41	$21.98	$20.33	$35.33
42	$23.33	$21.23	$37.58
43	$24.68	$22.13	$39.83
44	$26.03	$23.03	$42.08

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
45	$27.53	$24.08	$44.63
46	$29.03	$25.13	$47.18
47	$30.68	$26.18	$49.88
48	$32.48	$27.23	$52.73
49	$34.43	$28.28	$55.73
50	$36.38	$29.33	$58.73
51	$38.48	$30.53	$62.03
52	$40.73	$31.73	$65.48
53	$42.98	$32.93	$68.93
54	$45.23	$34.28	$72.53
55	$47.63	$35.48	$76.13
56	$50.18	$36.98	$80.18
57	$52.88	$38.48	$84.38
58	$55.73	$40.13	$88.88
59	$58.73	$41.93	$93.68
60	$61.88	$43.88	$98.78
61	$65.18	$45.83	$104.03
62	$68.63	$47.93	$109.58
63	$72.08	$50.03	$115.13
64	$75.68	$52.28	$120.98
65	$79.73	$54.83	$127.58
66	$84.08	$57.53	$134.63
67	$89.03	$60.53	$142.58
68	$95.18	$64.43	$152.63
69	$102.83	$69.08	$164.93
70	$112.88	$75.68	$181.58

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-0306-15K LR60 09/18

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

Benefit Amount: $15,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
18	$11.78	$11.33	$16.13
19	$11.78	$11.33	$16.13
20	$11.78	$11.33	$16.13
21	$11.78	$11.33	$16.13
22	$11.78	$11.33	$16.13
23	$12.23	$11.78	$17.03
24	$12.83	$12.23	$18.08
25	$13.43	$12.53	$18.98
26	$14.03	$13.13	$20.18
27	$14.63	$13.58	$21.23
28	$15.53	$14.18	$22.73
29	$16.43	$14.78	$24.23
30	$17.48	$15.53	$26.03
31	$18.53	$16.28	$27.83
32	$19.73	$17.03	$29.78
33	$21.08	$17.93	$32.03
34	$22.43	$18.98	$34.43
35	$24.08	$20.03	$37.13
36	$25.73	$21.23	$39.98
37	$27.53	$22.43	$42.98
38	$29.63	$23.63	$46.28
39	$32.03	$25.13	$50.18
40	$34.58	$26.63	$54.23
41	$37.43	$28.28	$58.73
42	$40.43	$30.08	$63.53
43	$43.13	$31.88	$68.03
44	$45.98	$33.83	$72.83
45	$49.13	$35.93	$78.08
46	$52.43	$38.03	$83.48
47	$55.88	$40.43	$89.33
48	$59.78	$42.68	$95.48
49	$63.83	$45.08	$101.93
50	$68.18	$47.63	$108.83
51	$72.83	$50.33	$116.18
52	$77.78	$53.18	$123.98
53	$82.73	$56.03	$131.78
54	$87.83	$58.88	$139.73
55	$93.38	$62.03	$148.43
56	$99.23	$65.33	$157.58
57	$105.38	$68.78	$167.18
58	$111.83	$72.53	$177.38
59	$118.58	$76.43	$188.03
60	$125.63	$80.48	$199.13
61	$133.13	$84.83	$210.98
62	$141.08	$89.33	$223.43
63	$148.58	$93.68	$235.28
64	$156.53	$98.18	$247.73
65	$165.23	$103.13	$261.38
66	$174.38	$108.38	$275.78
67	$184.58	$114.23	$291.83
68	$198.23	$121.43	$312.68
69	$215.03	$130.28	$338.33
70	$238.43	$142.73	$374.18

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.

Policy Series LS-CI-0001
LS-CI-I-0306-15K LR60 09/18