LIFESECURE INSURANCE COMPANY

lifesecure™

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

Benefit Amount: $25,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
18	$11.73	$12.48	$17.23
19	$11.73	$12.48	$17.23
20	$11.73	$12.48	$17.23
21	$11.73	$12.48	$17.23
22	$11.73	$12.48	$17.23
23	$12.23	$12.98	$18.23
24	$12.73	$13.48	$19.23
25	$13.23	$13.98	$20.23
26	$13.73	$14.48	$21.23
27	$14.23	$14.98	$22.23
28	$14.98	$15.48	$23.48
29	$15.73	$16.23	$24.98
30	$16.48	$16.98	$26.48
31	$17.48	$17.73	$28.23
32	$18.48	$18.48	$29.98
33	$19.48	$19.48	$31.98
34	$20.73	$20.48	$34.23
35	$21.73	$21.48	$36.23
36	$22.98	$22.48	$38.48
37	$24.48	$23.73	$41.23
38	$26.23	$24.98	$44.23
39	$27.98	$26.23	$47.23
40	$29.73	$27.73	$50.48
41	$31.98	$29.23	$54.23
42	$34.23	$30.73	$57.98
43	$36.48	$32.23	$61.73
44	$38.73	$33.73	$65.48

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
45	$41.23	$35.48	$69.73
46	$43.73	$37.23	$73.98
47	$46.48	$38.98	$78.48
48	$49.48	$40.73	$83.23
49	$52.73	$42.48	$88.23
50	$55.98	$44.23	$93.23
51	$59.48	$46.23	$98.73
52	$63.23	$48.23	$104.48
53	$66.98	$50.23	$110.23
54	$70.73	$52.48	$116.23
55	$74.73	$54.48	$122.23
56	$78.98	$56.98	$128.98
57	$83.48	$59.48	$135.98
58	$88.23	$62.23	$143.48
59	$93.23	$65.23	$151.48
60	$98.48	$68.48	$159.98
61	$103.98	$71.73	$168.73
62	$109.73	$75.23	$177.98
63	$115.48	$78.73	$187.23
64	$121.48	$82.48	$196.98
65	$128.23	$86.73	$207.98
66	$135.48	$91.23	$219.73
67	$143.73	$96.23	$232.98
68	$153.98	$102.73	$249.73
69	$166.73	$110.48	$270.23
70	$183.48	$121.48	$297.98

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-0306-25K LR60 09/18

LIFESECURE INSURANCE COMPANY

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

Benefit Amount: $25,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
18	$14.98	$14.23	$22.23
19	$14.98	$14.23	$22.23
20	$14.98	$14.23	$22.23
21	$14.98	$14.23	$22.23
22	$14.98	$14.23	$22.23
23	$15.73	$14.98	$23.73
24	$16.73	$15.73	$25.48
25	$17.73	$16.23	$26.98
26	$18.73	$17.23	$28.98
27	$19.73	$17.98	$30.73
28	$21.23	$18.98	$33.23
29	$22.73	$19.98	$35.73
30	$24.48	$21.23	$38.73
31	$26.23	$22.48	$41.73
32	$28.23	$23.73	$44.98
33	$30.48	$25.23	$48.73
34	$32.73	$26.98	$52.73
35	$35.48	$28.73	$57.23
36	$38.23	$30.73	$61.98
37	$41.23	$32.73	$66.98
38	$44.73	$34.73	$72.48
39	$48.73	$37.23	$78.98
40	$52.98	$39.73	$85.73
41	$57.73	$42.48	$93.23
42	$62.73	$45.48	$101.23
43	$67.23	$48.48	$108.73
44	$71.98	$51.73	$116.73

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
45	$77.23	$55.23	$125.48
46	$82.73	$58.73	$134.48
47	$88.48	$62.73	$144.23
48	$94.98	$66.48	$154.48
49	$101.73	$70.48	$165.23
50	$108.98	$74.73	$176.73
51	$116.73	$79.23	$188.98
52	$124.98	$83.98	$201.98
53	$133.23	$88.73	$214.98
54	$141.73	$93.48	$228.23
55	$150.98	$98.73	$242.73
56	$160.73	$104.23	$257.98
57	$170.98	$109.98	$273.98
58	$181.73	$116.23	$290.98
59	$192.98	$122.73	$308.73
60	$204.73	$129.48	$327.23
61	$217.23	$136.73	$346.98
62	$230.48	$144.23	$367.73
63	$242.98	$151.48	$387.48
64	$256.23	$158.98	$408.23
65	$270.73	$167.23	$430.98
66	$285.98	$175.98	$454.98
67	$302.98	$185.73	$481.73
68	$325.73	$197.73	$516.48
69	$353.73	$212.48	$559.23
70	$392.73	$233.23	$618.98

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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