LIFESECURE INSURANCE COMPANY

lifesecure™

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

Benefit Amount: $30,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
18	$12.68	$13.58	$19.28
19	$12.68	$13.58	$19.28
20	$12.68	$13.58	$19.28
21	$12.68	$13.58	$19.28
22	$12.68	$13.58	$19.28
23	$13.28	$14.18	$20.48
24	$13.88	$14.78	$21.68
25	$14.48	$15.38	$22.88
26	$15.08	$15.98	$24.08
27	$15.68	$16.58	$25.28
28	$16.58	$17.18	$26.78
29	$17.48	$18.08	$28.58
30	$18.38	$18.98	$30.38
31	$19.58	$19.88	$32.48
32	$20.78	$20.78	$34.58
33	$21.98	$21.98	$36.98
34	$23.48	$23.18	$39.68
35	$24.68	$24.38	$42.08
36	$26.18	$25.58	$44.78
37	$27.98	$27.08	$48.08
38	$30.08	$28.58	$51.68
39	$32.18	$30.08	$55.28
40	$34.28	$31.88	$59.18
41	$36.98	$33.68	$63.68
42	$39.68	$35.48	$68.18
43	$42.38	$37.28	$72.68
44	$45.08	$39.08	$77.18

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
45	$48.08	$41.18	$82.28
46	$51.08	$43.28	$87.38
47	$54.38	$45.38	$92.78
48	$57.98	$47.48	$98.48
49	$61.88	$49.58	$104.48
50	$65.78	$51.68	$110.48
51	$69.98	$54.08	$117.08
52	$74.48	$56.48	$123.98
53	$78.98	$58.88	$130.88
54	$83.48	$61.58	$138.08
55	$88.28	$63.98	$145.28
56	$93.38	$66.98	$153.38
57	$98.78	$69.98	$161.78
58	$104.48	$73.28	$170.78
59	$110.48	$76.88	$180.38
60	$116.78	$80.78	$190.58
61	$123.38	$84.68	$201.08
62	$130.28	$88.88	$212.18
63	$137.18	$93.08	$223.28
64	$144.38	$97.58	$234.98
65	$152.48	$102.68	$248.18
66	$161.18	$108.08	$262.28
67	$171.08	$114.08	$278.18
68	$183.38	$121.88	$298.28
69	$198.68	$131.18	$322.88
70	$218.78	$144.38	$356.18

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 nicotine users – see other page.

Policy Series LS-CI-0001
LS-CI-I-0306-30K LR60 09/18

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

Benefit Amount: $30,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
18	$16.58	$15.68	$25.28
19	$16.58	$15.68	$25.28
20	$16.58	$15.68	$25.28
21	$16.58	$15.68	$25.28
22	$16.58	$15.68	$25.28
23	$17.48	$16.58	$27.08
24	$18.68	$17.48	$29.18
25	$19.88	$18.08	$30.98
26	$21.08	$19.28	$33.38
27	$22.28	$20.18	$35.48
28	$24.08	$21.38	$38.48
29	$25.88	$22.58	$41.48
30	$27.98	$24.08	$45.08
31	$30.08	$25.58	$48.68
32	$32.48	$27.08	$52.58
33	$35.18	$28.88	$57.08
34	$37.88	$30.98	$61.88
35	$41.18	$33.08	$67.28
36	$44.48	$35.48	$72.98
37	$48.08	$37.88	$78.98
38	$52.28	$40.28	$85.58
39	$57.08	$43.28	$93.38
40	$62.18	$46.28	$101.48
41	$67.88	$49.58	$110.48
42	$73.88	$53.18	$120.08
43	$79.28	$56.78	$129.08
44	$84.98	$60.68	$138.68

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
45	$91.28	$64.88	$149.18
46	$97.88	$69.08	$159.98
47	$104.78	$73.88	$171.68
48	$112.58	$78.38	$183.98
49	$120.68	$83.18	$196.88
50	$129.38	$88.28	$210.68
51	$138.68	$93.68	$225.38
52	$148.58	$99.38	$240.98
53	$158.48	$105.08	$256.58
54	$168.68	$110.78	$272.48
55	$179.78	$117.08	$289.88
56	$191.48	$123.68	$308.18
57	$203.78	$130.58	$327.38
58	$216.68	$138.08	$347.78
59	$230.18	$145.88	$369.08
60	$244.28	$153.98	$391.28
61	$259.28	$162.68	$414.98
62	$275.18	$171.68	$439.88
63	$290.18	$180.38	$463.58
64	$306.08	$189.38	$488.48
65	$323.48	$199.28	$515.78
66	$341.78	$209.78	$544.58
67	$362.18	$221.48	$576.68
68	$389.48	$235.88	$618.38
69	$423.08	$253.58	$669.68
70	$469.88	$278.48	$741.38

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 non-nicotine – see other page.

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