LIFESECURE INSURANCE COMPANY

lifesecure™

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

Benefit Amount: $35,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
18	$13.63	$14.68	$21.33
19	$13.63	$14.68	$21.33
20	$13.63	$14.68	$21.33
21	$13.63	$14.68	$21.33
22	$13.63	$14.68	$21.33
23	$14.33	$15.38	$22.73
24	$15.03	$16.08	$24.13
25	$15.73	$16.78	$25.53
26	$16.43	$17.48	$26.93
27	$17.13	$18.18	$28.33
28	$18.18	$18.88	$30.08
29	$19.23	$19.93	$32.18
30	$20.28	$20.98	$34.28
31	$21.68	$22.03	$36.73
32	$23.08	$23.08	$39.18
33	$24.48	$24.48	$41.98
34	$26.23	$25.88	$45.13
35	$27.63	$27.28	$47.93
36	$29.38	$28.68	$51.08
37	$31.48	$30.43	$54.93
38	$33.93	$32.18	$59.13
39	$36.38	$33.93	$63.33
40	$38.83	$36.03	$67.88
41	$41.98	$38.13	$73.13
42	$45.13	$40.23	$78.38
43	$48.28	$42.33	$83.63
44	$51.43	$44.43	$88.88

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
45	$54.93	$46.88	$94.83
46	$58.43	$49.33	$100.78
47	$62.28	$51.78	$107.08
48	$66.48	$54.23	$113.73
49	$71.03	$56.68	$120.73
50	$75.58	$59.13	$127.73
51	$80.48	$61.93	$135.43
52	$85.73	$64.73	$143.48
53	$90.98	$67.53	$151.53
54	$96.23	$70.68	$159.93
55	$101.83	$73.48	$168.33
56	$107.78	$76.98	$177.78
57	$114.08	$80.48	$187.58
58	$120.73	$84.33	$198.08
59	$127.73	$88.53	$209.28
60	$135.08	$93.08	$221.18
61	$142.78	$97.63	$233.43
62	$150.83	$102.53	$246.38
63	$158.88	$107.43	$259.33
64	$167.28	$112.68	$272.98
65	$176.73	$118.63	$288.38
66	$186.88	$124.93	$304.83
67	$198.43	$131.93	$323.38
68	$212.78	$141.03	$346.83
69	$230.63	$151.88	$375.53
70	$254.08	$167.28	$414.38

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-0306-35K LR60 09/18

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

Benefit Amount: $35,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
18	$18.18	$17.13	$28.33
19	$18.18	$17.13	$28.33
20	$18.18	$17.13	$28.33
21	$18.18	$17.13	$28.33
22	$18.18	$17.13	$28.33
23	$19.23	$18.18	$30.43
24	$20.63	$19.23	$32.88
25	$22.03	$19.93	$34.98
26	$23.43	$21.33	$37.78
27	$24.83	$22.38	$40.23
28	$26.93	$23.78	$43.73
29	$29.03	$25.18	$47.23
30	$31.48	$26.93	$51.43
31	$33.93	$28.68	$55.63
32	$36.73	$30.43	$60.18
33	$39.88	$32.53	$65.43
34	$43.03	$34.98	$71.03
35	$46.88	$37.43	$77.33
36	$50.73	$40.23	$83.98
37	$54.93	$43.03	$90.98
38	$59.83	$45.83	$98.68
39	$65.43	$49.33	$107.78
40	$71.38	$52.83	$117.23
41	$78.03	$56.68	$127.73
42	$85.03	$60.88	$138.93
43	$91.33	$65.08	$149.43
44	$97.98	$69.63	$160.63

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
45	$105.33	$74.53	$172.88
46	$113.03	$79.43	$185.48
47	$121.08	$85.03	$199.13
48	$130.18	$90.28	$213.48
49	$139.63	$95.88	$228.53
50	$149.78	$101.83	$244.63
51	$160.63	$108.13	$261.78
52	$172.18	$114.78	$279.98
53	$183.73	$121.43	$298.18
54	$195.63	$128.08	$316.73
55	$208.58	$135.43	$337.03
56	$222.23	$143.13	$358.38
57	$236.58	$151.18	$380.78
58	$251.63	$159.93	$404.58
59	$267.38	$169.03	$429.43
60	$283.83	$178.48	$455.33
61	$301.33	$188.63	$482.98
62	$319.88	$199.13	$512.03
63	$337.38	$209.28	$539.68
64	$355.93	$219.78	$568.73
65	$376.23	$231.33	$600.58
66	$397.58	$243.58	$634.18
67	$421.38	$257.23	$671.63
68	$453.23	$274.03	$720.28
69	$492.43	$294.68	$780.13
70	$547.03	$323.73	$863.78

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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