LIFESECURE INSURANCE COMPANY

lifesecure™

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

Benefit Amount: $40,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
18	$14.58	$15.78	$23.38
19	$14.58	$15.78	$23.38
20	$14.58	$15.78	$23.38
21	$14.58	$15.78	$23.38
22	$14.58	$15.78	$23.38
23	$15.38	$16.58	$24.98
24	$16.18	$17.38	$26.58
25	$16.98	$18.18	$28.18
26	$17.78	$18.98	$29.78
27	$18.58	$19.78	$31.38
28	$19.78	$20.58	$33.38
29	$20.98	$21.78	$35.78
30	$22.18	$22.98	$38.18
31	$23.78	$24.18	$40.98
32	$25.38	$25.38	$43.78
33	$26.98	$26.98	$46.98
34	$28.98	$28.58	$50.58
35	$30.58	$30.18	$53.78
36	$32.58	$31.78	$57.38
37	$34.98	$33.78	$61.78
38	$37.78	$35.78	$66.58
39	$40.58	$37.78	$71.38
40	$43.38	$40.18	$76.58
41	$46.98	$42.58	$82.58
42	$50.58	$44.98	$88.58
43	$54.18	$47.38	$94.58
44	$57.78	$49.78	$100.58

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
45	$61.78	$52.58	$107.38
46	$65.78	$55.38	$114.18
47	$70.18	$58.18	$121.38
48	$74.98	$60.98	$128.98
49	$80.18	$63.78	$136.98
50	$85.38	$66.58	$144.98
51	$90.98	$69.78	$153.78
52	$96.98	$72.98	$162.98
53	$102.98	$76.18	$172.18
54	$108.98	$79.78	$181.78
55	$115.38	$82.98	$191.38
56	$122.18	$86.98	$202.18
57	$129.38	$90.98	$213.38
58	$136.98	$95.38	$225.38
59	$144.98	$100.18	$238.18
60	$153.38	$105.38	$251.78
61	$162.18	$110.58	$265.78
62	$171.38	$116.18	$280.58
63	$180.58	$121.78	$295.38
64	$190.18	$127.78	$310.98
65	$200.98	$134.58	$328.58
66	$212.58	$141.78	$347.38
67	$225.78	$149.78	$368.58
68	$242.18	$160.18	$395.38
69	$262.58	$172.58	$428.18
70	$289.38	$190.18	$472.58

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-0306-40K LR60 09/18

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

Benefit Amount: $40,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
18	$19.78	$18.58	$31.38
19	$19.78	$18.58	$31.38
20	$19.78	$18.58	$31.38
21	$19.78	$18.58	$31.38
22	$19.78	$18.58	$31.38
23	$20.98	$19.78	$33.78
24	$22.58	$20.98	$36.58
25	$24.18	$21.78	$38.98
26	$25.78	$23.38	$42.18
27	$27.38	$24.58	$44.98
28	$29.78	$26.18	$48.98
29	$32.18	$27.78	$52.98
30	$34.98	$29.78	$57.78
31	$37.78	$31.78	$62.58
32	$40.98	$33.78	$67.78
33	$44.58	$36.18	$73.78
34	$48.18	$38.98	$80.18
35	$52.58	$41.78	$87.38
36	$56.98	$44.98	$94.98
37	$61.78	$48.18	$102.98
38	$67.38	$51.38	$111.78
39	$73.78	$55.38	$122.18
40	$80.58	$59.38	$132.98
41	$88.18	$63.78	$144.98
42	$96.18	$68.58	$157.78
43	$103.38	$73.38	$169.78
44	$110.98	$78.58	$182.58
45	$119.38	$84.18	$196.58
46	$128.18	$89.78	$210.98
47	$137.38	$96.18	$226.58
48	$147.78	$102.18	$242.98
49	$158.58	$108.58	$260.18
50	$170.18	$115.38	$278.58
51	$182.58	$122.58	$298.18
52	$195.78	$130.18	$318.98
53	$208.98	$137.78	$339.78
54	$222.58	$145.38	$360.98
55	$237.38	$153.78	$384.18
56	$252.98	$162.58	$408.58
57	$269.38	$171.78	$434.18
58	$286.58	$181.78	$461.38
59	$304.58	$192.18	$489.78
60	$323.38	$202.98	$519.38
61	$343.38	$214.58	$550.98
62	$364.58	$226.58	$584.18
63	$384.58	$238.18	$615.78
64	$405.78	$250.18	$648.98
65	$428.98	$263.38	$685.38
66	$453.38	$277.38	$723.78
67	$480.58	$292.98	$766.58
68	$516.98	$312.18	$822.18
69	$561.78	$335.78	$890.58
70	$624.18	$368.98	$986.18

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.

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