LIFESECURE INSURANCE COMPANY

lifesecure™

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

Benefit Amount: $45,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
18	$15.53	$16.88	$25.43
19	$15.53	$16.88	$25.43
20	$15.53	$16.88	$25.43
21	$15.53	$16.88	$25.43
22	$15.53	$16.88	$25.43
23	$16.43	$17.78	$27.23
24	$17.33	$18.68	$29.03
25	$18.23	$19.58	$30.83
26	$19.13	$20.48	$32.63
27	$20.03	$21.38	$34.43
28	$21.38	$22.28	$36.68
29	$22.73	$23.63	$39.38
30	$24.08	$24.98	$42.08
31	$25.88	$26.33	$45.23
32	$27.68	$27.68	$48.38
33	$29.48	$29.48	$51.98
34	$31.73	$31.28	$56.03
35	$33.53	$33.08	$59.63
36	$35.78	$34.88	$63.68
37	$38.48	$37.13	$68.63
38	$41.63	$39.38	$74.03
39	$44.78	$41.63	$79.43
40	$47.93	$44.33	$85.28
41	$51.98	$47.03	$92.03
42	$56.03	$49.73	$98.78
43	$60.08	$52.43	$105.53
44	$64.13	$55.13	$112.28

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
45	$68.63	$58.28	$119.93
46	$73.13	$61.43	$127.58
47	$78.08	$64.58	$135.68
48	$83.48	$67.73	$144.23
49	$89.33	$70.88	$153.23
50	$95.18	$74.03	$162.23
51	$101.48	$77.63	$172.13
52	$108.23	$81.23	$182.48
53	$114.98	$84.83	$192.83
54	$121.73	$88.88	$203.63
55	$128.93	$92.48	$214.43
56	$136.58	$96.98	$226.58
57	$144.68	$101.48	$239.18
58	$153.23	$106.43	$252.68
59	$162.23	$111.83	$267.08
60	$171.68	$117.68	$282.38
61	$181.58	$123.53	$298.13
62	$191.93	$129.83	$314.78
63	$202.28	$136.13	$331.43
64	$213.08	$142.88	$348.98
65	$225.23	$150.53	$368.78
66	$238.28	$158.63	$389.93
67	$253.13	$167.63	$413.78
68	$271.58	$179.33	$443.93
69	$294.53	$193.28	$480.83
70	$324.68	$213.08	$530.78

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 nicotine users – see other page.

Policy Series LS-CI-0001
LS-CI-I-0306-45K LR60 09/18

LIFESECURE INSURANCE COMPANY

lifesecure™

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

Benefit Amount: $45,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
18	$21.38	$20.03	$34.43
19	$21.38	$20.03	$34.43
20	$21.38	$20.03	$34.43
21	$21.38	$20.03	$34.43
22	$21.38	$20.03	$34.43
23	$22.73	$21.38	$37.13
24	$24.53	$22.73	$40.28
25	$26.33	$23.63	$42.98
26	$28.13	$25.43	$46.58
27	$29.93	$26.78	$49.73
28	$32.63	$28.58	$54.23
29	$35.33	$30.38	$58.73
30	$38.48	$32.63	$64.13
31	$41.63	$34.88	$69.53
32	$45.23	$37.13	$75.38
33	$49.28	$39.83	$82.13
34	$53.33	$42.98	$89.33
35	$58.28	$46.13	$97.43
36	$63.23	$49.73	$105.98
37	$68.63	$53.33	$114.98
38	$74.93	$56.93	$124.88
39	$82.13	$61.43	$136.58
40	$89.78	$65.93	$148.73
41	$98.33	$70.88	$162.23
42	$107.33	$76.28	$176.63
43	$115.43	$81.68	$190.13
44	$123.98	$87.53	$204.53

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
45	$133.43	$93.83	$220.28
46	$143.33	$100.13	$236.48
47	$153.68	$107.33	$254.03
48	$165.38	$114.08	$272.48
49	$177.53	$121.28	$291.83
50	$190.58	$128.93	$312.53
51	$204.53	$137.03	$334.58
52	$219.38	$145.58	$357.98
53	$234.23	$154.13	$381.38
54	$249.53	$162.68	$405.23
55	$266.18	$172.13	$431.33
56	$283.73	$182.03	$458.78
57	$302.18	$192.38	$487.58
58	$321.53	$203.63	$518.18
59	$341.78	$215.33	$550.13
60	$362.93	$227.48	$583.43
61	$385.43	$240.53	$618.98
62	$409.28	$254.03	$656.33
63	$431.78	$267.08	$691.88
64	$455.63	$280.58	$729.23
65	$481.73	$295.43	$770.18
66	$509.18	$311.18	$813.38
67	$539.78	$328.73	$861.53
68	$580.73	$350.33	$924.08
69	$631.13	$376.88	$1,001.03
70	$701.33	$414.23	$1,108.58

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 non-nicotine – see other page.

Policy Series LS-CI-0001
LS-CI-I-0306-45K LR60 09/18