LIFESECURE INSURANCE COMPANY

lifesecure™

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

Benefit Amount: $5,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
18	$7.93	$8.08	$9.03
19	$7.93	$8.08	$9.03
20	$7.93	$8.08	$9.03
21	$7.93	$8.08	$9.03
22	$7.93	$8.08	$9.03
23	$8.03	$8.18	$9.23
24	$8.13	$8.28	$9.43
25	$8.23	$8.38	$9.63
26	$8.33	$8.48	$9.83
27	$8.43	$8.58	$10.03
28	$8.58	$8.68	$10.28
29	$8.73	$8.83	$10.58
30	$8.88	$8.98	$10.88
31	$9.08	$9.13	$11.23
32	$9.28	$9.28	$11.58
33	$9.48	$9.48	$11.98
34	$9.73	$9.68	$12.43
35	$9.93	$9.88	$12.83
36	$10.18	$10.08	$13.28
37	$10.48	$10.33	$13.83
38	$10.83	$10.58	$14.43
39	$11.18	$10.83	$15.03
40	$11.53	$11.13	$15.68
41	$11.98	$11.43	$16.43
42	$12.43	$11.73	$17.18
43	$12.88	$12.03	$17.93
44	$13.33	$12.33	$18.68

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
45	$13.83	$12.68	$19.53
46	$14.33	$13.03	$20.38
47	$14.88	$13.38	$21.28
48	$15.48	$13.73	$22.23
49	$16.13	$14.08	$23.23
50	$16.78	$14.43	$24.23
51	$17.48	$14.83	$25.33
52	$18.23	$15.23	$26.48
53	$18.98	$15.63	$27.63
54	$19.73	$16.08	$28.83
55	$20.53	$16.48	$30.03
56	$21.38	$16.98	$31.38
57	$22.28	$17.48	$32.78
58	$23.23	$18.03	$34.28
59	$24.23	$18.63	$35.88
60	$25.28	$19.28	$37.58
61	$26.38	$19.93	$39.33
62	$27.53	$20.63	$41.18
63	$28.68	$21.33	$43.03
64	$29.88	$22.08	$44.98
65	$31.23	$22.93	$47.18
66	$32.68	$23.83	$49.53
67	$34.33	$24.83	$52.18
68	$36.38	$26.13	$55.53
69	$38.93	$27.68	$59.63
70	$42.28	$29.88	$65.18

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-0306-5K LR60 09/18

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

Benefit Amount: $5,000

Age	MALE *Self Only*	FEMALE *Self Only*	MALE OR FEMALE *with Spouse**
18	$8.58	$8.43	$10.03
19	$8.58	$8.43	$10.03
20	$8.58	$8.43	$10.03
21	$8.58	$8.43	$10.03
22	$8.58	$8.43	$10.03
23	$8.73	$8.58	$10.33
24	$8.93	$8.73	$10.68
25	$9.13	$8.83	$10.98
26	$9.33	$9.03	$11.38
27	$9.53	$9.18	$11.73
28	$9.83	$9.38	$12.23
29	$10.13	$9.58	$12.73
30	$10.48	$9.83	$13.33
31	$10.83	$10.08	$13.93
32	$11.23	$10.33	$14.58
33	$11.68	$10.63	$15.33
34	$12.13	$10.98	$16.13
35	$12.68	$11.33	$17.03
36	$13.23	$11.73	$17.98
37	$13.83	$12.13	$18.98
38	$14.53	$12.53	$20.08
39	$15.33	$13.03	$21.38
40	$16.18	$13.53	$22.73
41	$17.13	$14.08	$24.23
42	$18.13	$14.68	$25.83
43	$19.03	$15.28	$27.33
44	$19.98	$15.93	$28.93
45	$21.03	$16.63	$30.68
46	$22.13	$17.33	$32.48
47	$23.28	$18.13	$34.43
48	$24.58	$18.88	$36.48
49	$25.93	$19.68	$38.63
50	$27.38	$20.53	$40.93
51	$28.93	$21.43	$43.38
52	$30.58	$22.38	$45.98
53	$32.23	$23.33	$48.58
54	$33.93	$24.28	$51.23
55	$35.78	$25.33	$54.13
56	$37.73	$26.43	$57.18
57	$39.78	$27.58	$60.38
58	$41.93	$28.83	$63.78
59	$44.18	$30.13	$67.33
60	$46.53	$31.48	$71.03
61	$49.03	$32.93	$74.98
62	$51.68	$34.43	$79.13
63	$54.18	$35.88	$83.08
64	$56.83	$37.38	$87.23
65	$59.73	$39.03	$91.78
66	$62.78	$40.78	$96.58
67	$66.18	$42.73	$101.93
68	$70.73	$45.13	$108.88
69	$76.33	$48.08	$117.43
70	$84.13	$52.23	$129.38

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.

Policy Series LS-CI-0001
LS-CI-I-0306-5K LR60 09/18