

Critical Illness Insurance Monthly Premium Rates*

NEW JERSEY
INDIVIDUAL – NON-NICOTINE

Benefit Amount: \$8,000

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
18	\$6.72	\$6.88	\$8.64
19	\$6.72	\$6.88	\$8.64
20	\$6.72	\$6.88	\$8.64
21	\$6.72	\$6.88	\$8.64
22	\$6.72	\$6.88	\$8.64
23	\$6.88	\$7.08	\$9.00
24	\$7.04	\$7.27	\$9.35
25	\$7.20	\$7.46	\$9.70
26	\$7.36	\$7.66	\$10.06
27	\$7.52	\$7.84	\$10.40
28	\$7.81	\$8.07	\$10.92
29	\$8.10	\$8.30	\$11.44
30	\$8.38	\$8.52	\$11.94
31	\$8.67	\$8.75	\$12.46
32	\$8.96	\$8.96	\$12.96
33	\$9.41	\$9.35	\$13.80
34	\$9.86	\$9.74	\$14.64
35	\$10.30	\$10.12	\$15.46
36	\$10.75	\$10.51	\$16.30
37	\$11.20	\$10.88	\$17.12
38	\$11.88	\$11.40	\$18.32
39	\$12.55	\$11.91	\$19.50
40	\$13.22	\$12.42	\$20.68
41	\$13.90	\$12.94	\$21.88
42	\$14.56	\$13.44	\$23.04
43	\$15.46	\$14.02	\$24.52
44	\$16.35	\$14.59	\$25.98

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
45	\$17.24	\$15.16	\$27.44
46	\$18.14	\$15.74	\$28.92
47	\$19.04	\$16.32	\$30.40
48	\$20.23	\$16.96	\$32.23
49	\$21.42	\$17.60	\$34.06
50	\$22.60	\$18.24	\$35.88
51	\$23.79	\$18.88	\$37.71
52	\$24.96	\$19.52	\$39.52
53	\$26.37	\$20.32	\$41.73
54	\$27.78	\$21.12	\$43.94
55	\$29.18	\$21.92	\$46.14
56	\$30.59	\$22.72	\$48.35
57	\$32.00	\$23.52	\$50.56
58	\$33.89	\$24.64	\$53.57
59	\$35.78	\$25.76	\$56.58
60	\$37.66	\$26.88	\$59.58
61	\$39.55	\$28.00	\$62.59
62	\$41.44	\$29.12	\$65.60
63	\$43.84	\$30.63	\$69.51
64	\$46.24	\$32.14	\$73.42
65	\$48.64	\$33.64	\$77.32
66	\$51.04	\$35.15	\$81.23
67	\$53.44	\$36.64	\$85.12
68	\$56.93	\$38.46	\$90.43
69	\$60.48	\$40.31	\$95.83
70	\$64.12	\$42.19	\$101.35

* To review monthly premiums for different benefit amounts and scenarios, visit www.YourLifeSecure.com and login to your secure portal to run quotes.

** 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.

Critical Illness Insurance Monthly Premium Rates*

NEW JERSEY
INDIVIDUAL – NICOTINE

Benefit Amount: \$8,000

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
18	\$7.84	\$7.52	\$10.40
19	\$7.84	\$7.52	\$10.40
20	\$7.84	\$7.52	\$10.40
21	\$7.84	\$7.52	\$10.40
22	\$7.84	\$7.52	\$10.40
23	\$8.16	\$7.78	\$10.98
24	\$8.48	\$8.03	\$11.55
25	\$8.80	\$8.28	\$12.12
26	\$9.12	\$8.54	\$12.70
27	\$9.44	\$8.80	\$13.28
28	\$10.05	\$9.22	\$14.31
29	\$10.66	\$9.63	\$15.33
30	\$11.26	\$10.04	\$16.34
31	\$11.87	\$10.46	\$17.37
32	\$12.48	\$10.88	\$18.40
33	\$13.41	\$11.52	\$19.97
34	\$14.34	\$12.16	\$21.54
35	\$15.26	\$12.80	\$23.10
36	\$16.19	\$13.44	\$24.67
37	\$17.12	\$14.08	\$26.24
38	\$18.66	\$14.98	\$28.68
39	\$20.19	\$15.87	\$31.10
40	\$21.72	\$16.76	\$33.52
41	\$23.26	\$17.66	\$35.96
42	\$24.80	\$18.56	\$38.40
43	\$26.63	\$19.81	\$41.48
44	\$28.46	\$21.06	\$44.56

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
45	\$30.28	\$22.30	\$47.62
46	\$32.11	\$23.55	\$50.70
47	\$33.92	\$24.80	\$53.76
48	\$36.48	\$26.31	\$57.83
49	\$39.04	\$27.82	\$61.90
50	\$41.60	\$29.32	\$65.96
51	\$44.16	\$30.83	\$70.03
52	\$46.72	\$32.32	\$74.08
53	\$49.99	\$34.15	\$79.18
54	\$53.26	\$35.98	\$84.28
55	\$56.52	\$37.80	\$89.36
56	\$59.79	\$39.63	\$94.46
57	\$63.04	\$41.44	\$99.52
58	\$67.27	\$43.88	\$106.19
59	\$71.50	\$46.31	\$112.85
60	\$75.72	\$48.74	\$119.50
61	\$79.95	\$51.18	\$126.17
62	\$84.16	\$53.60	\$132.80
63	\$89.32	\$56.55	\$140.91
64	\$94.47	\$59.50	\$149.01
65	\$99.62	\$62.44	\$157.10
66	\$104.78	\$65.39	\$165.21
67	\$109.92	\$68.32	\$173.28
68	\$117.20	\$71.62	\$183.86
69	\$124.55	\$74.94	\$194.53
70	\$132.00	\$78.28	\$205.32

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