

Critical Illness Insurance Monthly Premium Rates*

WORKSITE – NON-NICOTINE

Benefit Amount: \$20,000

| Age | Self Only | With Spouse |
|-----|-----------|-------------|
| 18 | \$8.50 | \$10.10 |
| 19 | \$8.50 | \$10.10 |
| 20 | \$8.50 | \$10.10 |
| 21 | \$8.50 | \$10.10 |
| 22 | \$8.50 | \$10.10 |
| 23 | \$8.90 | \$10.70 |
| 24 | \$9.30 | \$11.30 |
| 25 | \$9.70 | \$12.10 |
| 26 | \$10.10 | \$12.70 |
| 27 | \$10.50 | \$13.30 |
| 28 | \$11.10 | \$14.30 |
| 29 | \$11.70 | \$15.10 |
| 30 | \$12.30 | \$16.10 |
| 31 | \$12.90 | \$17.10 |
| 32 | \$13.70 | \$18.30 |
| 33 | \$14.50 | \$19.50 |
| 34 | \$15.50 | \$21.10 |
| 35 | \$16.50 | \$22.50 |
| 36 | \$17.50 | \$24.10 |
| 37 | \$18.70 | \$25.90 |
| 38 | \$20.10 | \$28.10 |
| 39 | \$21.50 | \$30.10 |
| 40 | \$22.90 | \$32.50 |
| 41 | \$24.50 | \$34.90 |
| 42 | \$26.30 | \$37.70 |
| 43 | \$28.10 | \$40.50 |
| 44 | \$29.90 | \$43.30 |

| Age | Self Only | With Spouse |
|-----|-----------|-------------|
| 45 | \$31.90 | \$46.50 |
| 46 | \$34.10 | \$49.90 |
| 47 | \$36.30 | \$53.30 |
| 48 | \$38.70 | \$56.90 |
| 49 | \$41.10 | \$60.70 |
| 50 | \$43.70 | \$64.70 |
| 51 | \$46.50 | \$68.90 |
| 52 | \$49.30 | \$73.30 |
| 53 | \$52.30 | \$77.90 |
| 54 | \$55.30 | \$82.70 |
| 55 | \$58.50 | \$87.50 |
| 56 | \$61.90 | \$92.90 |
| 57 | \$65.50 | \$98.50 |
| 58 | \$69.50 | \$104.70 |
| 59 | \$73.70 | \$111.30 |
| 60 | \$77.90 | \$117.90 |
| 61 | \$82.70 | \$125.10 |
| 62 | \$87.50 | \$132.70 |
| 63 | \$92.30 | \$140.10 |
| 64 | \$97.30 | \$147.90 |
| 65 | \$103.10 | \$156.70 |
| 66 | \$109.10 | \$166.10 |
| 67 | \$116.10 | \$176.90 |
| 68 | \$124.30 | \$189.70 |
| 69 | \$134.30 | \$205.10 |
| 70 | \$148.10 | \$226.50 |

Note: Each dependent child is automatically covered with a \$2,500 Benefit Amount – *at no additional cost*

* To review monthly premiums for different benefit amounts and scenarios, visit www.YourLifeSecure.com and login to your secure portal to run quotes. Different rates apply for nicotine users – see other page.

These rates do not include coverage for the Health Screening Benefit.

NOT FOR USE IN THE STATES OF:
GA, MD, MN, SD or WA

Policy Series LS-CI-0003
LS-CI-W-M-0306-20K ST 05/18

Critical Illness Insurance Monthly Premium Rates*

WORKSITE – NICOTINE

Benefit Amount: \$20,000

| Age | Self Only | With Spouse |
|-----|-----------|-------------|
| 18 | \$9.90 | \$12.30 |
| 19 | \$9.90 | \$12.30 |
| 20 | \$9.90 | \$12.30 |
| 21 | \$9.90 | \$12.30 |
| 22 | \$9.90 | \$12.30 |
| 23 | \$10.50 | \$13.30 |
| 24 | \$11.10 | \$14.10 |
| 25 | \$11.70 | \$15.10 |
| 26 | \$12.30 | \$16.10 |
| 27 | \$13.10 | \$17.30 |
| 28 | \$14.10 | \$18.90 |
| 29 | \$15.10 | \$20.50 |
| 30 | \$16.30 | \$22.30 |
| 31 | \$17.50 | \$24.10 |
| 32 | \$18.90 | \$26.30 |
| 33 | \$20.50 | \$28.70 |
| 34 | \$22.10 | \$31.30 |
| 35 | \$23.90 | \$34.10 |
| 36 | \$25.90 | \$37.10 |
| 37 | \$28.10 | \$40.50 |
| 38 | \$30.50 | \$44.30 |
| 39 | \$33.10 | \$48.30 |
| 40 | \$35.90 | \$52.70 |
| 41 | \$39.10 | \$57.70 |
| 42 | \$42.50 | \$62.90 |
| 43 | \$46.10 | \$68.50 |
| 44 | \$49.90 | \$74.30 |

| Age | Self Only | With Spouse |
|-----|-----------|-------------|
| 45 | \$54.10 | \$80.70 |
| 46 | \$58.50 | \$87.50 |
| 47 | \$63.10 | \$94.70 |
| 48 | \$67.90 | \$102.10 |
| 49 | \$73.10 | \$110.30 |
| 50 | \$78.70 | \$118.90 |
| 51 | \$84.50 | \$127.90 |
| 52 | \$90.70 | \$137.50 |
| 53 | \$96.90 | \$147.10 |
| 54 | \$103.50 | \$157.30 |
| 55 | \$110.50 | \$168.30 |
| 56 | \$117.90 | \$179.70 |
| 57 | \$125.90 | \$192.10 |
| 58 | \$134.70 | \$205.70 |
| 59 | \$143.90 | \$219.90 |
| 60 | \$153.50 | \$234.90 |
| 61 | \$163.70 | \$250.70 |
| 62 | \$174.30 | \$267.10 |
| 63 | \$184.70 | \$283.30 |
| 64 | \$195.70 | \$300.30 |
| 65 | \$207.70 | \$318.90 |
| 66 | \$220.50 | \$338.70 |
| 67 | \$234.50 | \$360.50 |
| 68 | \$251.50 | \$386.90 |
| 69 | \$272.30 | \$419.10 |
| 70 | \$301.30 | \$464.10 |

Note: Each dependent child is automatically covered with a \$2,500 Benefit Amount – *at no additional cost*

* To review monthly premiums for different benefit amounts and scenarios, visit www.YourLifeSecure.com and login to your secure portal to run quotes. Different rates apply for non-nicotine – see other page.

These rates do not include coverage for the Health Screening Benefit.

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