

## Critical Illness Insurance Monthly Premium Rates\*

### WORKSITE – NON-NICOTINE

#### Benefit Amount: \$15,000

Age	Self Only	With Spouse
18	\$7.75	\$8.95
19	\$7.75	\$8.95
20	\$7.75	\$8.95
21	\$7.75	\$8.95
22	\$7.75	\$8.95
23	\$8.05	\$9.40
24	\$8.35	\$9.85
25	\$8.65	\$10.45
26	\$8.95	\$10.90
27	\$9.25	\$11.35
28	\$9.70	\$12.10
29	\$10.15	\$12.70
30	\$10.60	\$13.45
31	\$11.05	\$14.20
32	\$11.65	\$15.10
33	\$12.25	\$16.00
34	\$13.00	\$17.20
35	\$13.75	\$18.25
36	\$14.50	\$19.45
37	\$15.40	\$20.80
38	\$16.45	\$22.45
39	\$17.50	\$23.95
40	\$18.55	\$25.75
41	\$19.75	\$27.55
42	\$21.10	\$29.65
43	\$22.45	\$31.75
44	\$23.80	\$33.85

Age	Self Only	With Spouse
45	\$25.30	\$36.25
46	\$26.95	\$38.80
47	\$28.60	\$41.35
48	\$30.40	\$44.05
49	\$32.20	\$46.90
50	\$34.15	\$49.90
51	\$36.25	\$53.05
52	\$38.35	\$56.35
53	\$40.60	\$59.80
54	\$42.85	\$63.40
55	\$45.25	\$67.00
56	\$47.80	\$71.05
57	\$50.50	\$75.25
58	\$53.50	\$79.90
59	\$56.65	\$84.85
60	\$59.80	\$89.80
61	\$63.40	\$95.20
62	\$67.00	\$100.90
63	\$70.60	\$106.45
64	\$74.35	\$112.30
65	\$78.70	\$118.90
66	\$83.20	\$125.95
67	\$88.45	\$134.05
68	\$94.60	\$143.65
69	\$102.10	\$155.20
70	\$112.45	\$171.25

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](http://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-0306-15K ST 05/18

## Critical Illness Insurance Monthly Premium Rates\*

### WORKSITE – NICOTINE

#### Benefit Amount: \$15,000

Age	Self Only	With Spouse
18	\$8.80	\$10.60
19	\$8.80	\$10.60
20	\$8.80	\$10.60
21	\$8.80	\$10.60
22	\$8.80	\$10.60
23	\$9.25	\$11.35
24	\$9.70	\$11.95
25	\$10.15	\$12.70
26	\$10.60	\$13.45
27	\$11.20	\$14.35
28	\$11.95	\$15.55
29	\$12.70	\$16.75
30	\$13.60	\$18.10
31	\$14.50	\$19.45
32	\$15.55	\$21.10
33	\$16.75	\$22.90
34	\$17.95	\$24.85
35	\$19.30	\$26.95
36	\$20.80	\$29.20
37	\$22.45	\$31.75
38	\$24.25	\$34.60
39	\$26.20	\$37.60
40	\$28.30	\$40.90
41	\$30.70	\$44.65
42	\$33.25	\$48.55
43	\$35.95	\$52.75
44	\$38.80	\$57.10

Age	Self Only	With Spouse
45	\$41.95	\$61.90
46	\$45.25	\$67.00
47	\$48.70	\$72.40
48	\$52.30	\$77.95
49	\$56.20	\$84.10
50	\$60.40	\$90.55
51	\$64.75	\$97.30
52	\$69.40	\$104.50
53	\$74.05	\$111.70
54	\$79.00	\$119.35
55	\$84.25	\$127.60
56	\$89.80	\$136.15
57	\$95.80	\$145.45
58	\$102.40	\$155.65
59	\$109.30	\$166.30
60	\$116.50	\$177.55
61	\$124.15	\$189.40
62	\$132.10	\$201.70
63	\$139.90	\$213.85
64	\$148.15	\$226.60
65	\$157.15	\$240.55
66	\$166.75	\$255.40
67	\$177.25	\$271.75
68	\$190.00	\$291.55
69	\$205.60	\$315.70
70	\$227.35	\$349.45

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

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

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