

## Critical Illness Insurance Monthly Premium Rates\*

### WORKSITE – NON-NICOTINE

#### Benefit Amount: \$10,000

Age	Self Only	With Spouse
18	\$7.00	\$7.80
19	\$7.00	\$7.80
20	\$7.00	\$7.80
21	\$7.00	\$7.80
22	\$7.00	\$7.80
23	\$7.20	\$8.10
24	\$7.40	\$8.40
25	\$7.60	\$8.80
26	\$7.80	\$9.10
27	\$8.00	\$9.40
28	\$8.30	\$9.90
29	\$8.60	\$10.30
30	\$8.90	\$10.80
31	\$9.20	\$11.30
32	\$9.60	\$11.90
33	\$10.00	\$12.50
34	\$10.50	\$13.30
35	\$11.00	\$14.00
36	\$11.50	\$14.80
37	\$12.10	\$15.70
38	\$12.80	\$16.80
39	\$13.50	\$17.80
40	\$14.20	\$19.00
41	\$15.00	\$20.20
42	\$15.90	\$21.60
43	\$16.80	\$23.00
44	\$17.70	\$24.40

Age	Self Only	With Spouse
45	\$18.70	\$26.00
46	\$19.80	\$27.70
47	\$20.90	\$29.40
48	\$22.10	\$31.20
49	\$23.30	\$33.10
50	\$24.60	\$35.10
51	\$26.00	\$37.20
52	\$27.40	\$39.40
53	\$28.90	\$41.70
54	\$30.40	\$44.10
55	\$32.00	\$46.50
56	\$33.70	\$49.20
57	\$35.50	\$52.00
58	\$37.50	\$55.10
59	\$39.60	\$58.40
60	\$41.70	\$61.70
61	\$44.10	\$65.30
62	\$46.50	\$69.10
63	\$48.90	\$72.80
64	\$51.40	\$76.70
65	\$54.30	\$81.10
66	\$57.30	\$85.80
67	\$60.80	\$91.20
68	\$64.90	\$97.60
69	\$69.90	\$105.30
70	\$76.80	\$116.00

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.

## Critical Illness Insurance Monthly Premium Rates\*

### WORKSITE – NICOTINE

#### Benefit Amount: \$10,000

Age	Self Only	With Spouse	Age	Self Only	With Spouse
18	\$7.70	\$8.90	45	\$29.80	\$43.10
19	\$7.70	\$8.90	46	\$32.00	\$46.50
20	\$7.70	\$8.90	47	\$34.30	\$50.10
21	\$7.70	\$8.90	48	\$36.70	\$53.80
22	\$7.70	\$8.90	49	\$39.30	\$57.90
23	\$8.00	\$9.40	50	\$42.10	\$62.20
24	\$8.30	\$9.80	51	\$45.00	\$66.70
25	\$8.60	\$10.30	52	\$48.10	\$71.50
26	\$8.90	\$10.80	53	\$51.20	\$76.30
27	\$9.30	\$11.40	54	\$54.50	\$81.40
28	\$9.80	\$12.20	55	\$58.00	\$86.90
29	\$10.30	\$13.00	56	\$61.70	\$92.60
30	\$10.90	\$13.90	57	\$65.70	\$98.80
31	\$11.50	\$14.80	58	\$70.10	\$105.60
32	\$12.20	\$15.90	59	\$74.70	\$112.70
33	\$13.00	\$17.10	60	\$79.50	\$120.20
34	\$13.80	\$18.40	61	\$84.60	\$128.10
35	\$14.70	\$19.80	62	\$89.90	\$136.30
36	\$15.70	\$21.30	63	\$95.10	\$144.40
37	\$16.80	\$23.00	64	\$100.60	\$152.90
38	\$18.00	\$24.90	65	\$106.60	\$162.20
39	\$19.30	\$26.90	66	\$113.00	\$172.10
40	\$20.70	\$29.10	67	\$120.00	\$183.00
41	\$22.30	\$31.60	68	\$128.50	\$196.20
42	\$24.00	\$34.20	69	\$138.90	\$212.30
43	\$25.80	\$37.00	70	\$153.40	\$234.80
44	\$27.70	\$39.90			

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.

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

Policy Series LS-CI-0003  
LS-CI-W-M-0306-10K ST 05/18