LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Bi-Weekly Premium Rates*
WORKSITE – NON-NICOTINE/HEALTH SCREENING BENEFIT

Benefit Amount: $10,000

Age	Self Only	With Spouse
18	$4.27	$4.64
19	$4.27	$4.64
20	$4.27	$4.64
21	$4.27	$4.64
22	$4.27	$4.64
23	$4.36	$4.78
24	$4.45	$4.92
25	$4.55	$5.10
26	$4.64	$5.24
27	$4.73	$5.38
28	$4.87	$5.61
29	$5.01	$5.79
30	$5.15	$6.02
31	$5.28	$6.25
32	$5.47	$6.53
33	$5.65	$6.81
34	$5.88	$7.18
35	$6.12	$7.50
36	$6.35	$7.87
37	$6.62	$8.28
38	$6.95	$8.79
39	$7.27	$9.25
40	$7.59	$9.81
41	$7.96	$10.36
42	$8.38	$11.01
43	$8.79	$11.65
44	$9.21	$12.30
45	$9.67	$13.04
46	$10.18	$13.82
47	$10.68	$14.61
48	$11.24	$15.44
49	$11.79	$16.32
50	$12.39	$17.24
51	$13.04	$18.21
52	$13.68	$19.22
53	$14.38	$20.28
54	$15.07	$21.39
55	$15.81	$22.50
56	$16.59	$23.75
57	$17.42	$25.04
58	$18.35	$26.47
59	$19.32	$27.99
60	$20.28	$29.52
61	$21.39	$31.18
62	$22.50	$32.93
63	$23.61	$34.64
64	$24.76	$36.44
65	$26.10	$38.47
66	$27.48	$40.64
67	$29.10	$43.13
68	$30.99	$46.08
69	$33.30	$49.64
70	$36.48	$54.58

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.

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

Policy Series LS-CI-0003
LS-CI-W-HSB-BW-0306-10K ST 09/18

LIFESECURE INSURANCE COMPANY

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Critical Illness Insurance Bi-Weekly Premium Rates*
WORKSITE – NICOTINE/HEALTH SCREENING BENEFIT

Benefit Amount: $10,000

Age	Self Only	With Spouse
18	$4.59	$5.15
19	$4.59	$5.15
20	$4.59	$5.15
21	$4.59	$5.15
22	$4.59	$5.15
23	$4.73	$5.38
24	$4.87	$5.56
25	$5.01	$5.79
26	$5.15	$6.02
27	$5.33	$6.30
28	$5.56	$6.67
29	$5.79	$7.04
30	$6.07	$7.45
31	$6.35	$7.87
32	$6.67	$8.38
33	$7.04	$8.93
34	$7.41	$9.53
35	$7.82	$10.18
36	$8.28	$10.87
37	$8.79	$11.65
38	$9.35	$12.53
39	$9.95	$13.45
40	$10.59	$14.47
41	$11.33	$15.62
42	$12.12	$16.82
43	$12.95	$18.12
44	$13.82	$19.45

Age	Self Only	With Spouse
45	$14.79	$20.93
46	$15.81	$22.50
47	$16.87	$24.16
48	$17.98	$25.87
49	$19.18	$27.76
50	$20.47	$29.75
51	$21.81	$31.82
52	$23.24	$34.04
53	$24.67	$36.25
54	$26.19	$38.61
55	$27.81	$41.15
56	$29.52	$43.78
57	$31.36	$46.64
58	$33.39	$49.78
59	$35.52	$53.05
60	$37.73	$56.52
61	$40.08	$60.16
62	$42.53	$63.95
63	$44.93	$67.68
64	$47.47	$71.61
65	$50.24	$75.90
66	$53.19	$80.47
67	$56.42	$85.50
68	$60.35	$91.59
69	$65.15	$99.02
70	$71.84	$109.41

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.

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