LIFESECURE INSURANCE COMPANY

lifesecure™

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

Benefit Amount: $15,000

Age	Self Only	With Spouse
18	$4.62	$5.17
19	$4.62	$5.17
20	$4.62	$5.17
21	$4.62	$5.17
22	$4.62	$5.17
23	$4.75	$5.38
24	$4.89	$5.58
25	$5.03	$5.86
26	$5.17	$6.07
27	$5.31	$6.28
28	$5.52	$6.62
29	$5.72	$6.90
30	$5.93	$7.25
31	$6.14	$7.59
32	$6.42	$8.01
33	$6.69	$8.42
34	$7.04	$8.98
35	$7.38	$9.46
36	$7.73	$10.02
37	$8.15	$10.64
38	$8.63	$11.40
39	$9.12	$12.09
40	$9.60	$12.92
41	$10.15	$13.75
42	$10.78	$14.72
43	$11.40	$15.69
44	$12.02	$16.66

Age	Self Only	With Spouse
45	$12.72	$17.77
46	$13.48	$18.95
47	$14.24	$20.12
48	$15.07	$21.37
49	$15.90	$22.68
50	$16.80	$24.07
51	$17.77	$25.52
52	$18.74	$27.05
53	$19.78	$28.64
54	$20.82	$30.30
55	$21.92	$31.96
56	$23.10	$33.83
57	$24.35	$35.77
58	$25.73	$37.92
59	$27.18	$40.20
60	$28.64	$42.48
61	$30.30	$44.98
62	$31.96	$47.61
63	$33.62	$50.17
64	$35.35	$52.87
65	$37.36	$55.92
66	$39.44	$59.17
67	$41.86	$62.91
68	$44.70	$67.34
69	$48.16	$72.67
70	$52.94	$80.08

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-0306-15K ST 09/18

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

Benefit Amount: $15,000

Age	Self Only	With Spouse
18	$5.10	$5.93
19	$5.10	$5.93
20	$5.10	$5.93
21	$5.10	$5.93
22	$5.10	$5.93
23	$5.31	$6.28
24	$5.52	$6.55
25	$5.72	$6.90
26	$5.93	$7.25
27	$6.21	$7.66
28	$6.55	$8.22
29	$6.90	$8.77
30	$7.32	$9.39
31	$7.73	$10.02
32	$8.22	$10.78
33	$8.77	$11.61
34	$9.32	$12.51
35	$9.95	$13.48
36	$10.64	$14.52
37	$11.40	$15.69
38	$12.23	$17.01
39	$13.13	$18.39
40	$14.10	$19.92
41	$15.21	$21.65
42	$16.38	$23.45
43	$17.63	$25.38
44	$18.95	$27.39

Age	Self Only	With Spouse
45	$20.40	$29.61
46	$21.92	$31.96
47	$23.52	$34.45
48	$25.18	$37.02
49	$26.98	$39.85
50	$28.92	$42.83
51	$30.92	$45.95
52	$33.07	$49.27
53	$35.22	$52.59
54	$37.50	$56.12
55	$39.92	$59.93
56	$42.48	$63.88
57	$45.25	$68.17
58	$48.30	$72.88
59	$51.48	$77.79
60	$54.81	$82.98
61	$58.34	$88.45
62	$62.01	$94.13
63	$65.61	$99.74
64	$69.42	$105.62
65	$73.57	$112.06
66	$78.00	$118.92
67	$82.85	$126.46
68	$88.73	$135.60
69	$95.93	$146.75
70	$105.97	$162.32

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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