LIFESECURE INSURANCE COMPANY

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

Benefit Amount: $20,000

Age	Self Only	With Spouse
18	$4.96	$5.70
19	$4.96	$5.70
20	$4.96	$5.70
21	$4.96	$5.70
22	$4.96	$5.70
23	$5.15	$5.98
24	$5.33	$6.25
25	$5.52	$6.62
26	$5.70	$6.90
27	$5.88	$7.18
28	$6.16	$7.64
29	$6.44	$8.01
30	$6.72	$8.47
31	$6.99	$8.93
32	$7.36	$9.48
33	$7.73	$10.04
34	$8.19	$10.78
35	$8.65	$11.42
36	$9.12	$12.16
37	$9.67	$12.99
38	$10.32	$14.01
39	$10.96	$14.93
40	$11.61	$16.04
41	$12.35	$17.15
42	$13.18	$18.44
43	$14.01	$19.73
44	$14.84	$21.02

Age	Self Only	With Spouse
45	$15.76	$22.50
46	$16.78	$24.07
47	$17.79	$25.64
48	$18.90	$27.30
49	$20.01	$29.05
50	$21.21	$30.90
51	$22.50	$32.84
52	$23.79	$34.87
53	$25.18	$36.99
54	$26.56	$39.21
55	$28.04	$41.42
56	$29.61	$43.92
57	$31.27	$46.50
58	$33.12	$49.36
59	$35.05	$52.41
60	$36.99	$55.45
61	$39.21	$58.78
62	$41.42	$62.28
63	$43.64	$65.70
64	$45.95	$69.30
65	$48.62	$73.36
66	$51.39	$77.70
67	$54.62	$82.68
68	$58.41	$88.59
69	$63.02	$95.70
70	$69.39	$105.58

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-0306-20K ST 09/18

LIFESECURE INSURANCE COMPANY

lifesecure™

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

Benefit Amount: $20,000

Age	Self Only	With Spouse
18	$5.61	$6.72
19	$5.61	$6.72
20	$5.61	$6.72
21	$5.61	$6.72
22	$5.61	$6.72
23	$5.88	$7.18
24	$6.16	$7.55
25	$6.44	$8.01
26	$6.72	$8.47
27	$7.08	$9.02
28	$7.55	$9.76
29	$8.01	$10.50
30	$8.56	$11.33
31	$9.12	$12.16
32	$9.76	$13.18
33	$10.50	$14.28
34	$11.24	$15.48
35	$12.07	$16.78
36	$12.99	$18.16
37	$14.01	$19.73
38	$15.12	$21.48
39	$16.32	$23.33
40	$17.61	$25.36
41	$19.08	$27.67
42	$20.65	$30.07
43	$22.32	$32.65
44	$24.07	$35.33
45	$26.01	$38.28
46	$28.04	$41.42
47	$30.16	$44.75
48	$32.38	$48.16
49	$34.78	$51.95
50	$37.36	$55.92
51	$40.04	$60.07
52	$42.90	$64.50
53	$45.76	$68.93
54	$48.81	$73.64
55	$52.04	$78.72
56	$55.45	$83.98
57	$59.15	$89.70
58	$63.21	$95.98
59	$67.45	$102.53
60	$71.88	$109.45
61	$76.59	$116.75
62	$81.48	$124.32
63	$86.28	$131.79
64	$91.36	$139.64
65	$96.90	$148.22
66	$102.81	$157.36
67	$109.27	$167.42
68	$117.12	$179.61
69	$126.72	$194.47
70	$140.10	$215.24

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

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