LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

COLORADO, SOUTH DAKOTA & WASHINGTON

WORKSITE – NON-NICOTINE/HEALTH SCREENING BENEFIT

Benefit Amount: $10,000

Age	Self Only	With Spouse
18	$8.38	$9.18
19	$8.38	$9.18
20	$8.38	$9.18
21	$8.38	$9.18
22	$8.38	$9.18
23	$8.58	$9.48
24	$8.78	$9.78
25	$8.98	$10.08
26	$9.18	$10.38
27	$9.38	$10.68
28	$9.58	$10.98
29	$9.88	$11.48
30	$10.18	$11.88
31	$10.48	$12.38
32	$10.78	$12.88
33	$11.18	$13.48
34	$11.68	$14.28
35	$12.08	$14.88
36	$12.68	$15.78
37	$13.18	$16.58
38	$13.78	$17.48
39	$14.38	$18.48
40	$15.08	$19.58
41	$15.78	$20.68
42	$16.58	$21.88
43	$17.38	$23.18
44	$18.28	$24.48

Age	Self Only	With Spouse
45	$19.18	$25.88
46	$20.18	$27.38
47	$21.18	$28.98
48	$22.28	$30.68
49	$23.38	$32.38
50	$24.58	$34.28
51	$25.88	$36.28
52	$27.18	$38.28
53	$28.48	$40.28
54	$29.88	$42.48
55	$31.38	$44.78
56	$32.88	$47.18
57	$34.58	$49.78
58	$36.38	$52.58
59	$38.38	$55.68
60	$40.38	$58.78
61	$42.48	$62.08
62	$44.78	$65.58
63	$46.98	$68.98
64	$49.38	$72.68
65	$51.98	$76.78
66	$54.78	$81.08
67	$57.98	$86.08
68	$61.78	$91.98
69	$66.38	$99.08
70	$72.68	$108.88

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.

Policy Series LS-CI-0003
LS-CI-W-HSB-M-0306-10K LR60 09/18

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Critical Illness Insurance Monthly Premium Rates*

COLORADO, SOUTH DAKOTA & WASHINGTON

WORKSITE – NICOTINE/HEALTH SCREENING BENEFIT

Benefit Amount: $10,000

Age	Self Only	With Spouse
18	$8.98	$10.08
19	$8.98	$10.08
20	$8.98	$10.08
21	$8.98	$10.08
22	$8.98	$10.08
23	$9.28	$10.58
24	$9.58	$10.98
25	$9.88	$11.48
26	$10.18	$11.98
27	$10.58	$12.58
28	$10.98	$13.18
29	$11.48	$13.98
30	$11.98	$14.78
31	$12.58	$15.68
32	$13.18	$16.58
33	$13.88	$17.68
34	$14.68	$18.88
35	$15.48	$20.18
36	$16.38	$21.58
37	$17.38	$23.08
38	$18.48	$24.78
39	$19.68	$26.68
40	$20.98	$28.68
41	$22.48	$30.98
42	$23.98	$33.38
43	$25.68	$35.98
44	$27.48	$38.78

Age	Self Only	With Spouse
45	$29.38	$41.68
46	$31.38	$44.78
47	$33.58	$48.18
48	$35.78	$51.58
49	$38.18	$55.38
50	$40.68	$59.18
51	$43.38	$63.38
52	$46.18	$67.78
53	$49.08	$72.28
54	$52.08	$76.98
55	$55.28	$81.88
56	$58.68	$87.18
57	$62.38	$92.88
58	$66.38	$99.08
59	$70.58	$105.58
60	$74.98	$112.38
61	$79.68	$119.68
62	$84.58	$127.28
63	$89.38	$134.68
64	$94.38	$142.48
65	$99.88	$150.98
66	$105.78	$160.18
67	$112.18	$170.08
68	$119.98	$182.18
69	$129.58	$197.08
70	$142.88	$217.68

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.

Policy Series LS-CI-0003
LS-CI-W-HSB-M-0306-10K LR60 09/18