LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

COLORADO, SOUTH DAKOTA & WASHINGTON

WORKSITE – NON-NICOTINE/HEALTH SCREENING BENEFIT

Benefit Amount: $15,000

Age	Self Only	With Spouse
18	$9.08	$10.28
19	$9.08	$10.28
20	$9.08	$10.28
21	$9.08	$10.28
22	$9.08	$10.28
23	$9.38	$10.73
24	$9.68	$11.18
25	$9.98	$11.63
26	$10.28	$12.08
27	$10.58	$12.53
28	$10.88	$12.98
29	$11.33	$13.73
30	$11.78	$14.33
31	$12.23	$15.08
32	$12.68	$15.83
33	$13.28	$16.73
34	$14.03	$17.93
35	$14.63	$18.83
36	$15.53	$20.18
37	$16.28	$21.38
38	$17.18	$22.73
39	$18.08	$24.23
40	$19.13	$25.88
41	$20.18	$27.53
42	$21.38	$29.33
43	$22.58	$31.28
44	$23.93	$33.23

Age	Self Only	With Spouse
45	$25.28	$35.33
46	$26.78	$37.58
47	$28.28	$39.98
48	$29.93	$42.53
49	$31.58	$45.08
50	$33.38	$47.93
51	$35.33	$50.93
52	$37.28	$53.93
53	$39.23	$56.93
54	$41.33	$60.23
55	$43.58	$63.68
56	$45.83	$67.28
57	$48.38	$71.18
58	$51.08	$75.38
59	$54.08	$80.03
60	$57.08	$84.68
61	$60.23	$89.63
62	$63.68	$94.88
63	$66.98	$99.98
64	$70.58	$105.53
65	$74.48	$111.68
66	$78.68	$118.13
67	$83.48	$125.63
68	$89.18	$134.48
69	$96.08	$145.13
70	$105.53	$159.83

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-0306-15K LR60 09/18

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Critical Illness Insurance Monthly Premium Rates*

COLORADO, SOUTH DAKOTA & WASHINGTON

WORKSITE – NICOTINE/HEALTH SCREENING BENEFIT

Benefit Amount: $15,000

Age	Self Only	With Spouse
18	$9.98	$11.63
19	$9.98	$11.63
20	$9.98	$11.63
21	$9.98	$11.63
22	$9.98	$11.63
23	$10.43	$12.38
24	$10.88	$12.98
25	$11.33	$13.73
26	$11.78	$14.48
27	$12.38	$15.38
28	$12.98	$16.28
29	$13.73	$17.48
30	$14.48	$18.68
31	$15.38	$20.03
32	$16.28	$21.38
33	$17.33	$23.03
34	$18.53	$24.83
35	$19.73	$26.78
36	$21.08	$28.88
37	$22.58	$31.13
38	$24.23	$33.68
39	$26.03	$36.53
40	$27.98	$39.53
41	$30.23	$42.98
42	$32.48	$46.58
43	$35.03	$50.48
44	$37.73	$54.68

Age	Self Only	With Spouse
45	$40.58	$59.03
46	$43.58	$63.68
47	$46.88	$68.78
48	$50.18	$73.88
49	$53.78	$79.58
50	$57.53	$85.28
51	$61.58	$91.58
52	$65.78	$98.18
53	$70.13	$104.93
54	$74.63	$111.98
55	$79.43	$119.33
56	$84.53	$127.28
57	$90.08	$135.83
58	$96.08	$145.13
59	$102.38	$154.88
60	$108.98	$165.08
61	$116.03	$176.03
62	$123.38	$187.43
63	$130.58	$198.53
64	$138.08	$210.23
65	$146.33	$222.98
66	$155.18	$236.78
67	$164.78	$251.63
68	$176.48	$269.78
69	$190.88	$292.13
70	$210.83	$323.03

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-0306-15K LR60 09/18