LIFESECURE INSURANCE COMPANY

lifesecure™

Critical Illness Insurance Monthly Premium Rates*

COLORADO, SOUTH DAKOTA & WASHINGTON

WORKSITE – NON-NICOTINE/HEALTH SCREENING BENEFIT

Benefit Amount: $20,000

Age	Self Only	With Spouse
18	$9.78	$11.38
19	$9.78	$11.38
20	$9.78	$11.38
21	$9.78	$11.38
22	$9.78	$11.38
23	$10.18	$11.98
24	$10.58	$12.58
25	$10.98	$13.18
26	$11.38	$13.78
27	$11.78	$14.38
28	$12.18	$14.98
29	$12.78	$15.98
30	$13.38	$16.78
31	$13.98	$17.78
32	$14.58	$18.78
33	$15.38	$19.98
34	$16.38	$21.58
35	$17.18	$22.78
36	$18.38	$24.58
37	$19.38	$26.18
38	$20.58	$27.98
39	$21.78	$29.98
40	$23.18	$32.18
41	$24.58	$34.38
42	$26.18	$36.78
43	$27.78	$39.38
44	$29.58	$41.98

Age	Self Only	With Spouse
45	$31.38	$44.78
46	$33.38	$47.78
47	$35.38	$50.98
48	$37.58	$54.38
49	$39.78	$57.78
50	$42.18	$61.58
51	$44.78	$65.58
52	$47.38	$69.58
53	$49.98	$73.58
54	$52.78	$77.98
55	$55.78	$82.58
56	$58.78	$87.38
57	$62.18	$92.58
58	$65.78	$98.18
59	$69.78	$104.38
60	$73.78	$110.58
61	$77.98	$117.18
62	$82.58	$124.18
63	$86.98	$130.98
64	$91.78	$138.38
65	$96.98	$146.58
66	$102.58	$155.18
67	$108.98	$165.18
68	$116.58	$176.98
69	$125.78	$191.18
70	$138.38	$210.78

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-0306-20K LR60 09/18

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Critical Illness Insurance Monthly Premium Rates*

COLORADO, SOUTH DAKOTA & WASHINGTON

WORKSITE – NICOTINE/HEALTH SCREENING BENEFIT

Benefit Amount: $20,000

Age	Self Only	With Spouse
18	$10.98	$13.18
19	$10.98	$13.18
20	$10.98	$13.18
21	$10.98	$13.18
22	$10.98	$13.18
23	$11.58	$14.18
24	$12.18	$14.98
25	$12.78	$15.98
26	$13.38	$16.98
27	$14.18	$18.18
28	$14.98	$19.38
29	$15.98	$20.98
30	$16.98	$22.58
31	$18.18	$24.38
32	$19.38	$26.18
33	$20.78	$28.38
34	$22.38	$30.78
35	$23.98	$33.38
36	$25.78	$36.18
37	$27.78	$39.18
38	$29.98	$42.58
39	$32.38	$46.38
40	$34.98	$50.38
41	$37.98	$54.98
42	$40.98	$59.78
43	$44.38	$64.98
44	$47.98	$70.58

Age	Self Only	With Spouse
45	$51.78	$76.38
46	$55.78	$82.58
47	$60.18	$89.38
48	$64.58	$96.18
49	$69.38	$103.78
50	$74.38	$111.38
51	$79.78	$119.78
52	$85.38	$128.58
53	$91.18	$137.58
54	$97.18	$146.98
55	$103.58	$156.78
56	$110.38	$167.38
57	$117.78	$178.78
58	$125.78	$191.18
59	$134.18	$204.18
60	$142.98	$217.78
61	$152.38	$232.38
62	$162.18	$247.58
63	$171.78	$262.38
64	$181.78	$277.98
65	$192.78	$294.98
66	$204.58	$313.38
67	$217.38	$333.18
68	$232.98	$357.38
69	$252.18	$387.18
70	$278.78	$428.38

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

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