

## Critical Illness Insurance Monthly Premium Rates\*

### INDIVIDUAL – NON-NICOTINE

**Benefit Amount: \$35,000**

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
18	\$15.10	\$16.15	\$23.50
19	\$15.10	\$16.15	\$23.50
20	\$15.10	\$16.15	\$23.50
21	\$15.10	\$16.15	\$23.50
22	\$15.10	\$16.15	\$23.50
23	\$15.80	\$16.85	\$24.90
24	\$16.50	\$17.55	\$26.30
25	\$17.20	\$18.25	\$27.70
26	\$18.25	\$19.30	\$29.80
27	\$18.95	\$20.00	\$31.20
28	\$20.00	\$21.05	\$33.30
29	\$21.40	\$22.10	\$35.75
30	\$22.80	\$23.15	\$38.20
31	\$24.20	\$24.20	\$40.65
32	\$25.60	\$25.60	\$43.45
33	\$27.35	\$27.00	\$46.60
34	\$29.10	\$28.75	\$50.10
35	\$31.20	\$30.50	\$53.95
36	\$33.30	\$32.25	\$57.80
37	\$35.40	\$34.35	\$62.00
38	\$37.85	\$36.10	\$66.20
39	\$40.65	\$38.20	\$71.10
40	\$43.80	\$40.30	\$76.35
41	\$46.95	\$42.75	\$81.95
42	\$50.45	\$45.20	\$87.90
43	\$53.95	\$47.65	\$93.85
44	\$57.45	\$49.75	\$99.45

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
45	\$61.30	\$52.20	\$105.75
46	\$65.50	\$55.00	\$112.75
47	\$70.05	\$57.80	\$120.10
48	\$74.60	\$60.60	\$127.45
49	\$79.50	\$63.40	\$135.15
50	\$84.75	\$66.20	\$143.20
51	\$90.35	\$69.35	\$151.95
52	\$95.95	\$72.50	\$160.70
53	\$101.55	\$75.65	\$169.45
54	\$107.85	\$79.15	\$179.25
55	\$114.15	\$82.65	\$189.05
56	\$120.80	\$86.50	\$199.55
57	\$127.80	\$90.35	\$210.40
58	\$135.15	\$94.90	\$222.30
59	\$143.20	\$99.45	\$234.90
60	\$151.25	\$104.35	\$247.85
61	\$160.00	\$109.60	\$261.85
62	\$169.10	\$115.20	\$276.55
63	\$178.20	\$120.80	\$291.25
64	\$187.65	\$126.75	\$306.65
65***	\$198.15	\$133.05	\$323.45
66***	\$209.70	\$140.05	\$342.00
67***	\$222.65	\$148.10	\$363.00
68***	\$238.75	\$158.25	\$389.25
69***	\$258.70	\$170.50	\$421.45
70***	\$285.30	\$188.00	\$465.55

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](http://www.YourLifeSecure.com) and login to your secure portal to run quotes.

\*\* Premium rates shown above assume an opposite gender spouse who is the same age and nicotine status as the policyholder. Different rates apply for nicotine users – see other page.

\*\*\* Rates for ages 65-70 are not applicable in California

NOT FOR USE IN THE STATES OF:  
CO, GA, MD, MN, MT, SD or WA

Policy Series LS-CI-0001  
LS-CI-I-0306-35K ST 11/18

## Critical Illness Insurance Monthly Premium Rates\*

### INDIVIDUAL – NICOTINE

**Benefit Amount: \$35,000**

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
18	\$20.00	\$18.95	\$31.20
19	\$20.00	\$18.95	\$31.20
20	\$20.00	\$18.95	\$31.20
21	\$20.00	\$18.95	\$31.20
22	\$20.00	\$18.95	\$31.20
23	\$21.40	\$20.00	\$33.65
24	\$22.80	\$21.05	\$36.10
25	\$24.55	\$22.45	\$39.25
26	\$26.30	\$23.50	\$42.05
27	\$28.05	\$24.90	\$45.20
28	\$30.15	\$26.65	\$49.05
29	\$32.60	\$28.05	\$52.90
30	\$35.40	\$30.15	\$57.80
31	\$38.20	\$32.25	\$62.70
32	\$41.35	\$34.35	\$67.95
33	\$44.85	\$36.80	\$73.90
34	\$48.35	\$39.25	\$79.85
35	\$52.20	\$41.70	\$86.15
36	\$56.75	\$44.85	\$93.85
37	\$61.30	\$48.00	\$101.55
38	\$66.90	\$51.50	\$110.65
39	\$73.20	\$55.00	\$120.45
40	\$79.85	\$59.20	\$131.30
41	\$87.55	\$63.40	\$143.20
42	\$95.43	\$68.30	\$155.98
43	\$102.60	\$73.20	\$168.05
44	\$110.30	\$78.10	\$180.65

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
45	\$118.00	\$83.35	\$193.60
46	\$126.75	\$89.30	\$208.30
47	\$135.85	\$95.25	\$223.35
48	\$146.00	\$101.20	\$239.45
49	\$156.85	\$107.50	\$256.60
50	\$168.05	\$114.15	\$274.45
51	\$180.30	\$121.15	\$293.70
52	\$193.25	\$128.50	\$314.00
53	\$206.20	\$135.85	\$334.30
54	\$219.85	\$143.55	\$355.65
55	\$234.20	\$151.60	\$378.05
56	\$249.25	\$160.35	\$401.85
57	\$265.70	\$169.45	\$427.40
58	\$282.50	\$179.25	\$454.00
59	\$300.35	\$189.40	\$482.00
60	\$318.55	\$200.25	\$511.05
61	\$338.15	\$211.80	\$542.20
62	\$358.80	\$223.70	\$574.75
63	\$378.75	\$234.90	\$605.90
64	\$399.40	\$246.80	\$638.45
65***	\$422.15	\$259.75	\$674.15
66***	\$446.30	\$273.40	\$711.95
67***	\$472.90	\$288.45	\$753.60
68***	\$508.60	\$307.35	\$808.20
69***	\$552.70	\$330.45	\$875.40
70***	\$613.95	\$363.00	\$969.20

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