

Critical Illness Insurance Monthly Premium Rates*

INDIVIDUAL – NON-NICOTINE

Benefit Amount: \$50,000

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
18	\$18.25	\$19.75	\$30.25
19	\$18.25	\$19.75	\$30.25
20	\$18.25	\$19.75	\$30.25
21	\$18.25	\$19.75	\$30.25
22	\$18.25	\$19.75	\$30.25
23	\$19.25	\$20.75	\$32.25
24	\$20.25	\$21.75	\$34.25
25	\$21.25	\$22.75	\$36.25
26	\$22.75	\$24.25	\$39.25
27	\$23.75	\$25.25	\$41.25
28	\$25.25	\$26.75	\$44.25
29	\$27.25	\$28.25	\$47.75
30	\$29.25	\$29.75	\$51.25
31	\$31.25	\$31.25	\$54.75
32	\$33.25	\$33.25	\$58.75
33	\$35.75	\$35.25	\$63.25
34	\$38.25	\$37.75	\$68.25
35	\$41.25	\$40.25	\$73.75
36	\$44.25	\$42.75	\$79.25
37	\$47.25	\$45.75	\$85.25
38	\$50.75	\$48.25	\$91.25
39	\$54.75	\$51.25	\$98.25
40	\$59.25	\$54.25	\$105.75
41	\$63.75	\$57.75	\$113.75
42	\$68.75	\$61.25	\$122.25
43	\$73.75	\$64.75	\$130.75
44	\$78.75	\$67.75	\$138.75

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
45	\$84.25	\$71.25	\$147.75
46	\$90.25	\$75.25	\$157.75
47	\$96.75	\$79.25	\$168.25
48	\$103.25	\$83.25	\$178.75
49	\$110.25	\$87.25	\$189.75
50	\$117.75	\$91.25	\$201.25
51	\$125.75	\$95.75	\$213.75
52	\$133.75	\$100.25	\$226.25
53	\$141.75	\$104.75	\$238.75
54	\$150.75	\$109.75	\$252.75
55	\$159.75	\$114.75	\$266.75
56	\$169.25	\$120.25	\$281.75
57	\$179.25	\$125.75	\$297.25
58	\$189.75	\$132.25	\$314.25
59	\$201.25	\$138.75	\$332.25
60	\$212.75	\$145.75	\$350.75
61	\$225.25	\$153.25	\$370.75
62	\$238.25	\$161.25	\$391.75
63	\$251.25	\$169.25	\$412.75
64	\$264.75	\$177.75	\$434.75
65***	\$279.75	\$186.75	\$458.75
66***	\$296.25	\$196.75	\$485.25
67***	\$314.75	\$208.25	\$515.25
68***	\$337.75	\$222.75	\$552.75
69***	\$366.25	\$240.25	\$598.75
70***	\$404.25	\$265.25	\$661.75

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.

** 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-0306-50K ST 11/18

Critical Illness Insurance Monthly Premium Rates*

INDIVIDUAL – NICOTINE

Benefit Amount: \$50,000

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
18	\$25.25	\$23.75	\$41.25
19	\$25.25	\$23.75	\$41.25
20	\$25.25	\$23.75	\$41.25
21	\$25.25	\$23.75	\$41.25
22	\$25.25	\$23.75	\$41.25
23	\$27.25	\$25.25	\$44.75
24	\$29.25	\$26.75	\$48.25
25	\$31.75	\$28.75	\$52.75
26	\$34.25	\$30.25	\$56.75
27	\$36.75	\$32.25	\$61.25
28	\$39.75	\$34.75	\$66.75
29	\$43.25	\$36.75	\$72.25
30	\$47.25	\$39.75	\$79.25
31	\$51.25	\$42.75	\$86.25
32	\$55.75	\$45.75	\$93.75
33	\$60.75	\$49.25	\$102.25
34	\$65.75	\$52.75	\$110.75
35	\$71.25	\$56.25	\$119.75
36	\$77.75	\$60.75	\$130.75
37	\$84.25	\$65.25	\$141.75
38	\$92.25	\$70.25	\$154.75
39	\$101.25	\$75.25	\$168.75
40	\$110.75	\$81.25	\$184.25
41	\$121.75	\$87.25	\$201.25
42	\$133.00	\$94.25	\$219.50
43	\$143.25	\$101.25	\$236.75
44	\$154.25	\$108.25	\$254.75

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
45	\$165.25	\$115.75	\$273.25
46	\$177.75	\$124.25	\$294.25
47	\$190.75	\$132.75	\$315.75
48	\$205.25	\$141.25	\$338.75
49	\$220.75	\$150.25	\$363.25
50	\$236.75	\$159.75	\$388.75
51	\$254.25	\$169.75	\$416.25
52	\$272.75	\$180.25	\$445.25
53	\$291.25	\$190.75	\$474.25
54	\$310.75	\$201.75	\$504.75
55	\$331.25	\$213.25	\$536.75
56	\$352.75	\$225.75	\$570.75
57	\$376.25	\$238.75	\$607.25
58	\$400.25	\$252.75	\$645.25
59	\$425.75	\$267.25	\$685.25
60	\$451.75	\$282.75	\$726.75
61	\$479.75	\$299.25	\$771.25
62	\$509.25	\$316.25	\$817.75
63	\$537.75	\$332.25	\$862.25
64	\$567.25	\$349.25	\$908.75
65***	\$599.75	\$367.75	\$959.75
66***	\$634.25	\$387.25	\$1,013.75
67***	\$672.25	\$408.75	\$1,073.25
68***	\$723.25	\$435.75	\$1,151.25
69***	\$786.25	\$468.75	\$1,247.25
70***	\$873.75	\$515.25	\$1,381.25

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.

** Premium rates shown above assume an opposite gender spouse who is the same age and nicotine status as the policyholder. Different rates apply for non-nicotine – 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-0306-50K ST 11/18