

Critical Illness Insurance Monthly Premium Rates*

INDIVIDUAL – NON-NICOTINE

Benefit Amount: \$25,000

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
18	\$13.00	\$13.75	\$19.00
19	\$13.00	\$13.75	\$19.00
20	\$13.00	\$13.75	\$19.00
21	\$13.00	\$13.75	\$19.00
22	\$13.00	\$13.75	\$19.00
23	\$13.50	\$14.25	\$20.00
24	\$14.00	\$14.75	\$21.00
25	\$14.50	\$15.25	\$22.00
26	\$15.25	\$16.00	\$23.50
27	\$15.75	\$16.50	\$24.50
28	\$16.50	\$17.25	\$26.00
29	\$17.50	\$18.00	\$27.75
30	\$18.50	\$18.75	\$29.50
31	\$19.50	\$19.50	\$31.25
32	\$20.50	\$20.50	\$33.25
33	\$21.75	\$21.50	\$35.50
34	\$23.00	\$22.75	\$38.00
35	\$24.50	\$24.00	\$40.75
36	\$26.00	\$25.25	\$43.50
37	\$27.50	\$26.75	\$46.50
38	\$29.25	\$28.00	\$49.50
39	\$31.25	\$29.50	\$53.00
40	\$33.50	\$31.00	\$56.75
41	\$35.75	\$32.75	\$60.75
42	\$38.25	\$34.50	\$65.00
43	\$40.75	\$36.25	\$69.25
44	\$43.25	\$37.75	\$73.25

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
45	\$46.00	\$39.50	\$77.75
46	\$49.00	\$41.50	\$82.75
47	\$52.25	\$43.50	\$88.00
48	\$55.50	\$45.50	\$93.25
49	\$59.00	\$47.50	\$98.75
50	\$62.75	\$49.50	\$104.50
51	\$66.75	\$51.75	\$110.75
52	\$70.75	\$54.00	\$117.00
53	\$74.75	\$56.25	\$123.25
54	\$79.25	\$58.75	\$130.25
55	\$83.75	\$61.25	\$137.25
56	\$88.50	\$64.00	\$144.75
57	\$93.50	\$66.75	\$152.50
58	\$98.75	\$70.00	\$161.00
59	\$104.50	\$73.25	\$170.00
60	\$110.25	\$76.75	\$179.25
61	\$116.50	\$80.50	\$189.25
62	\$123.00	\$84.50	\$199.75
63	\$129.50	\$88.50	\$210.25
64	\$136.25	\$92.75	\$221.25
65***	\$143.75	\$97.25	\$233.25
66***	\$152.00	\$102.25	\$246.50
67***	\$161.25	\$108.00	\$261.50
68***	\$172.75	\$115.25	\$280.25
69***	\$187.00	\$124.00	\$303.25
70***	\$206.00	\$136.50	\$334.75

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-0306-25K ST 11/18

Critical Illness Insurance Monthly Premium Rates*

INDIVIDUAL – NICOTINE

Benefit Amount: \$25,000

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
18	\$16.50	\$15.75	\$24.50
19	\$16.50	\$15.75	\$24.50
20	\$16.50	\$15.75	\$24.50
21	\$16.50	\$15.75	\$24.50
22	\$16.50	\$15.75	\$24.50
23	\$17.50	\$16.50	\$26.25
24	\$18.50	\$17.25	\$28.00
25	\$19.75	\$18.25	\$30.25
26	\$21.00	\$19.00	\$32.25
27	\$22.25	\$20.00	\$34.50
28	\$23.75	\$21.25	\$37.25
29	\$25.50	\$22.25	\$40.00
30	\$27.50	\$23.75	\$43.50
31	\$29.50	\$25.25	\$47.00
32	\$31.75	\$26.75	\$50.75
33	\$34.25	\$28.50	\$55.00
34	\$36.75	\$30.25	\$59.25
35	\$39.50	\$32.00	\$63.75
36	\$42.75	\$34.25	\$69.25
37	\$46.00	\$36.50	\$74.75
38	\$50.00	\$39.00	\$81.25
39	\$54.50	\$41.50	\$88.25
40	\$59.25	\$44.50	\$96.00
41	\$64.75	\$47.50	\$104.50
42	\$70.38	\$51.00	\$113.63
43	\$75.50	\$54.50	\$122.25
44	\$81.00	\$58.00	\$131.25

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
45	\$86.50	\$61.75	\$140.50
46	\$92.75	\$66.00	\$151.00
47	\$99.25	\$70.25	\$161.75
48	\$106.50	\$74.50	\$173.25
49	\$114.25	\$79.00	\$185.50
50	\$122.25	\$83.75	\$198.25
51	\$131.00	\$88.75	\$212.00
52	\$140.25	\$94.00	\$226.50
53	\$149.50	\$99.25	\$241.00
54	\$159.25	\$104.75	\$256.25
55	\$169.50	\$110.50	\$272.25
56	\$180.25	\$116.75	\$289.25
57	\$192.00	\$123.25	\$307.50
58	\$204.00	\$130.25	\$326.50
59	\$216.75	\$137.50	\$346.50
60	\$229.75	\$145.25	\$367.25
61	\$243.75	\$153.50	\$389.50
62	\$258.50	\$162.00	\$412.75
63	\$272.75	\$170.00	\$435.00
64	\$287.50	\$178.50	\$458.25
65***	\$303.75	\$187.75	\$483.75
66***	\$321.00	\$197.50	\$510.75
67***	\$340.00	\$208.25	\$540.50
68***	\$365.50	\$221.75	\$579.50
69***	\$397.00	\$238.25	\$627.50
70***	\$440.75	\$261.50	\$694.50

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