

Critical Illness Insurance Monthly Premium Rates*

INDIVIDUAL – NON-NICOTINE

Benefit Amount: \$40,000

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
18	\$16.15	\$17.35	\$25.75
19	\$16.15	\$17.35	\$25.75
20	\$16.15	\$17.35	\$25.75
21	\$16.15	\$17.35	\$25.75
22	\$16.15	\$17.35	\$25.75
23	\$16.95	\$18.15	\$27.35
24	\$17.75	\$18.95	\$28.95
25	\$18.55	\$19.75	\$30.55
26	\$19.75	\$20.95	\$32.95
27	\$20.55	\$21.75	\$34.55
28	\$21.75	\$22.95	\$36.95
29	\$23.35	\$24.15	\$39.75
30	\$24.95	\$25.35	\$42.55
31	\$26.55	\$26.55	\$45.35
32	\$28.15	\$28.15	\$48.55
33	\$30.15	\$29.75	\$52.15
34	\$32.15	\$31.75	\$56.15
35	\$34.55	\$33.75	\$60.55
36	\$36.95	\$35.75	\$64.95
37	\$39.35	\$38.15	\$69.75
38	\$42.15	\$40.15	\$74.55
39	\$45.35	\$42.55	\$80.15
40	\$48.95	\$44.95	\$86.15
41	\$52.55	\$47.75	\$92.55
42	\$56.55	\$50.55	\$99.35
43	\$60.55	\$53.35	\$106.15
44	\$64.55	\$55.75	\$112.55

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
45	\$68.95	\$58.55	\$119.75
46	\$73.75	\$61.75	\$127.75
47	\$78.95	\$64.95	\$136.15
48	\$84.15	\$68.15	\$144.55
49	\$89.75	\$71.35	\$153.35
50	\$95.75	\$74.55	\$162.55
51	\$102.15	\$78.15	\$172.55
52	\$108.55	\$81.75	\$182.55
53	\$114.95	\$85.35	\$192.55
54	\$122.15	\$89.35	\$203.75
55	\$129.35	\$93.35	\$214.95
56	\$136.95	\$97.75	\$226.95
57	\$144.95	\$102.15	\$239.35
58	\$153.35	\$107.35	\$252.95
59	\$162.55	\$112.55	\$267.35
60	\$171.75	\$118.15	\$282.15
61	\$181.75	\$124.15	\$298.15
62	\$192.15	\$130.55	\$314.95
63	\$202.55	\$136.95	\$331.75
64	\$213.35	\$143.75	\$349.35
65***	\$225.35	\$150.95	\$368.55
66***	\$238.55	\$158.95	\$389.75
67***	\$253.35	\$168.15	\$413.75
68***	\$271.75	\$179.75	\$443.75
69***	\$294.55	\$193.75	\$480.55
70***	\$324.95	\$213.75	\$530.95

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-0306-40K ST 11/18

Critical Illness Insurance Monthly Premium Rates*

INDIVIDUAL – NICOTINE

Benefit Amount: \$40,000

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
18	\$21.75	\$20.55	\$34.55
19	\$21.75	\$20.55	\$34.55
20	\$21.75	\$20.55	\$34.55
21	\$21.75	\$20.55	\$34.55
22	\$21.75	\$20.55	\$34.55
23	\$23.35	\$21.75	\$37.35
24	\$24.95	\$22.95	\$40.15
25	\$26.95	\$24.55	\$43.75
26	\$28.95	\$25.75	\$46.95
27	\$30.95	\$27.35	\$50.55
28	\$33.35	\$29.35	\$54.95
29	\$36.15	\$30.95	\$59.35
30	\$39.35	\$33.35	\$64.95
31	\$42.55	\$35.75	\$70.55
32	\$46.15	\$38.15	\$76.55
33	\$50.15	\$40.95	\$83.35
34	\$54.15	\$43.75	\$90.15
35	\$58.55	\$46.55	\$97.35
36	\$63.75	\$50.15	\$106.15
37	\$68.95	\$53.75	\$114.95
38	\$75.35	\$57.75	\$125.35
39	\$82.55	\$61.75	\$136.55
40	\$90.15	\$66.55	\$148.95
41	\$98.95	\$71.35	\$162.55
42	\$107.95	\$76.95	\$177.15
43	\$116.15	\$82.55	\$190.95
44	\$124.95	\$88.15	\$205.35

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
45	\$133.75	\$94.15	\$220.15
46	\$143.75	\$100.95	\$236.95
47	\$154.15	\$107.75	\$254.15
48	\$165.75	\$114.55	\$272.55
49	\$178.15	\$121.75	\$292.15
50	\$190.95	\$129.35	\$312.55
51	\$204.95	\$137.35	\$334.55
52	\$219.75	\$145.75	\$357.75
53	\$234.55	\$154.15	\$380.95
54	\$250.15	\$162.95	\$405.35
55	\$266.55	\$172.15	\$430.95
56	\$283.75	\$182.15	\$458.15
57	\$302.55	\$192.55	\$487.35
58	\$321.75	\$203.75	\$517.75
59	\$342.15	\$215.35	\$549.75
60	\$362.95	\$227.75	\$582.95
61	\$385.35	\$240.95	\$618.55
62	\$408.95	\$254.55	\$655.75
63	\$431.75	\$267.35	\$691.35
64	\$455.35	\$280.95	\$728.55
65***	\$481.35	\$295.75	\$769.35
66***	\$508.95	\$311.35	\$812.55
67***	\$539.35	\$328.55	\$860.15
68***	\$580.15	\$350.15	\$922.55
69***	\$630.55	\$376.55	\$999.35
70***	\$700.55	\$413.75	\$1,106.55

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