

## Critical Illness Insurance Monthly Premium Rates\*

### INDIVIDUAL – NON-NICOTINE

**Benefit Amount: \$5,000**

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
18	\$8.80	\$8.95	\$10.00
19	\$8.80	\$8.95	\$10.00
20	\$8.80	\$8.95	\$10.00
21	\$8.80	\$8.95	\$10.00
22	\$8.80	\$8.95	\$10.00
23	\$8.90	\$9.05	\$10.20
24	\$9.00	\$9.15	\$10.40
25	\$9.10	\$9.25	\$10.60
26	\$9.25	\$9.40	\$10.90
27	\$9.35	\$9.50	\$11.10
28	\$9.50	\$9.65	\$11.40
29	\$9.70	\$9.80	\$11.75
30	\$9.90	\$9.95	\$12.10
31	\$10.10	\$10.10	\$12.45
32	\$10.30	\$10.30	\$12.85
33	\$10.55	\$10.50	\$13.30
34	\$10.80	\$10.75	\$13.80
35	\$11.10	\$11.00	\$14.35
36	\$11.40	\$11.25	\$14.90
37	\$11.70	\$11.55	\$15.50
38	\$12.05	\$11.80	\$16.10
39	\$12.45	\$12.10	\$16.80
40	\$12.90	\$12.40	\$17.55
41	\$13.35	\$12.75	\$18.35
42	\$13.85	\$13.10	\$19.20
43	\$14.35	\$13.45	\$20.05
44	\$14.85	\$13.75	\$20.85

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
45	\$15.40	\$14.10	\$21.75
46	\$16.00	\$14.50	\$22.75
47	\$16.65	\$14.90	\$23.80
48	\$17.30	\$15.30	\$24.85
49	\$18.00	\$15.70	\$25.95
50	\$18.75	\$16.10	\$27.10
51	\$19.55	\$16.55	\$28.35
52	\$20.35	\$17.00	\$29.60
53	\$21.15	\$17.45	\$30.85
54	\$22.05	\$17.95	\$32.25
55	\$22.95	\$18.45	\$33.65
56	\$23.90	\$19.00	\$35.15
57	\$24.90	\$19.55	\$36.70
58	\$25.95	\$20.20	\$38.40
59	\$27.10	\$20.85	\$40.20
60	\$28.25	\$21.55	\$42.05
61	\$29.50	\$22.30	\$44.05
62	\$30.80	\$23.10	\$46.15
63	\$32.10	\$23.90	\$48.25
64	\$33.45	\$24.75	\$50.45
65***	\$34.95	\$25.65	\$52.85
66***	\$36.60	\$26.65	\$55.50
67***	\$38.45	\$27.80	\$58.50
68***	\$40.75	\$29.25	\$62.25
69***	\$43.60	\$31.00	\$66.85
70***	\$47.40	\$33.50	\$73.15

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-0306-5K ST 11/18

## Critical Illness Insurance Monthly Premium Rates\*

### INDIVIDUAL – NICOTINE

**Benefit Amount: \$5,000**

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
18	\$9.50	\$9.35	\$11.10
19	\$9.50	\$9.35	\$11.10
20	\$9.50	\$9.35	\$11.10
21	\$9.50	\$9.35	\$11.10
22	\$9.50	\$9.35	\$11.10
23	\$9.70	\$9.50	\$11.45
24	\$9.90	\$9.65	\$11.80
25	\$10.15	\$9.85	\$12.25
26	\$10.40	\$10.00	\$12.65
27	\$10.65	\$10.20	\$13.10
28	\$10.95	\$10.45	\$13.65
29	\$11.30	\$10.65	\$14.20
30	\$11.70	\$10.95	\$14.90
31	\$12.10	\$11.25	\$15.60
32	\$12.55	\$11.55	\$16.35
33	\$13.05	\$11.90	\$17.20
34	\$13.55	\$12.25	\$18.05
35	\$14.10	\$12.60	\$18.95
36	\$14.75	\$13.05	\$20.05
37	\$15.40	\$13.50	\$21.15
38	\$16.20	\$14.00	\$22.45
39	\$17.10	\$14.50	\$23.85
40	\$18.05	\$15.10	\$25.40
41	\$19.15	\$15.70	\$27.10
42	\$20.28	\$16.40	\$28.93
43	\$21.30	\$17.10	\$30.65
44	\$22.40	\$17.80	\$32.45

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
45	\$23.50	\$18.55	\$34.30
46	\$24.75	\$19.40	\$36.40
47	\$26.05	\$20.25	\$38.55
48	\$27.50	\$21.10	\$40.85
49	\$29.05	\$22.00	\$43.30
50	\$30.65	\$22.95	\$45.85
51	\$32.40	\$23.95	\$48.60
52	\$34.25	\$25.00	\$51.50
53	\$36.10	\$26.05	\$54.40
54	\$38.05	\$27.15	\$57.45
55	\$40.10	\$28.30	\$60.65
56	\$42.25	\$29.55	\$64.05
57	\$44.60	\$30.85	\$67.70
58	\$47.00	\$32.25	\$71.50
59	\$49.55	\$33.70	\$75.50
60	\$52.15	\$35.25	\$79.65
61	\$54.95	\$36.90	\$84.10
62	\$57.90	\$38.60	\$88.75
63	\$60.75	\$40.20	\$93.20
64	\$63.70	\$41.90	\$97.85
65***	\$66.95	\$43.75	\$102.95
66***	\$70.40	\$45.70	\$108.35
67***	\$74.20	\$47.85	\$114.30
68***	\$79.30	\$50.55	\$122.10
69***	\$85.60	\$53.85	\$131.70
70***	\$94.35	\$58.50	\$145.10

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

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\*\* 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

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