

## Critical Illness Insurance Monthly Premium Rates\*

### INDIVIDUAL – NON-NICOTINE

**Benefit Amount: \$20,000**

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
18	\$11.95	\$12.55	\$16.75
19	\$11.95	\$12.55	\$16.75
20	\$11.95	\$12.55	\$16.75
21	\$11.95	\$12.55	\$16.75
22	\$11.95	\$12.55	\$16.75
23	\$12.35	\$12.95	\$17.55
24	\$12.75	\$13.35	\$18.35
25	\$13.15	\$13.75	\$19.15
26	\$13.75	\$14.35	\$20.35
27	\$14.15	\$14.75	\$21.15
28	\$14.75	\$15.35	\$22.35
29	\$15.55	\$15.95	\$23.75
30	\$16.35	\$16.55	\$25.15
31	\$17.15	\$17.15	\$26.55
32	\$17.95	\$17.95	\$28.15
33	\$18.95	\$18.75	\$29.95
34	\$19.95	\$19.75	\$31.95
35	\$21.15	\$20.75	\$34.15
36	\$22.35	\$21.75	\$36.35
37	\$23.55	\$22.95	\$38.75
38	\$24.95	\$23.95	\$41.15
39	\$26.55	\$25.15	\$43.95
40	\$28.35	\$26.35	\$46.95
41	\$30.15	\$27.75	\$50.15
42	\$32.15	\$29.15	\$53.55
43	\$34.15	\$30.55	\$56.95
44	\$36.15	\$31.75	\$60.15

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
45	\$38.35	\$33.15	\$63.75
46	\$40.75	\$34.75	\$67.75
47	\$43.35	\$36.35	\$71.95
48	\$45.95	\$37.95	\$76.15
49	\$48.75	\$39.55	\$80.55
50	\$51.75	\$41.15	\$85.15
51	\$54.95	\$42.95	\$90.15
52	\$58.15	\$44.75	\$95.15
53	\$61.35	\$46.55	\$100.15
54	\$64.95	\$48.55	\$105.75
55	\$68.55	\$50.55	\$111.35
56	\$72.35	\$52.75	\$117.35
57	\$76.35	\$54.95	\$123.55
58	\$80.55	\$57.55	\$130.35
59	\$85.15	\$60.15	\$137.55
60	\$89.75	\$62.95	\$144.95
61	\$94.75	\$65.95	\$152.95
62	\$99.95	\$69.15	\$161.35
63	\$105.15	\$72.35	\$169.75
64	\$110.55	\$75.75	\$178.55
65***	\$116.55	\$79.35	\$188.15
66***	\$123.15	\$83.35	\$198.75
67***	\$130.55	\$87.95	\$210.75
68***	\$139.75	\$93.75	\$225.75
69***	\$151.15	\$100.75	\$244.15
70***	\$166.35	\$110.75	\$269.35

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-0306-20K ST 11/18

## Critical Illness Insurance Monthly Premium Rates\*

### INDIVIDUAL – NICOTINE

**Benefit Amount: \$20,000**

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
18	\$14.75	\$14.15	\$21.15
19	\$14.75	\$14.15	\$21.15
20	\$14.75	\$14.15	\$21.15
21	\$14.75	\$14.15	\$21.15
22	\$14.75	\$14.15	\$21.15
23	\$15.55	\$14.75	\$22.55
24	\$16.35	\$15.35	\$23.95
25	\$17.35	\$16.15	\$25.75
26	\$18.35	\$16.75	\$27.35
27	\$19.35	\$17.55	\$29.15
28	\$20.55	\$18.55	\$31.35
29	\$21.95	\$19.35	\$33.55
30	\$23.55	\$20.55	\$36.35
31	\$25.15	\$21.75	\$39.15
32	\$26.95	\$22.95	\$42.15
33	\$28.95	\$24.35	\$45.55
34	\$30.95	\$25.75	\$48.95
35	\$33.15	\$27.15	\$52.55
36	\$35.75	\$28.95	\$56.95
37	\$38.35	\$30.75	\$61.35
38	\$41.55	\$32.75	\$66.55
39	\$45.15	\$34.75	\$72.15
40	\$48.95	\$37.15	\$78.35
41	\$53.35	\$39.55	\$85.15
42	\$57.85	\$42.35	\$92.45
43	\$61.95	\$45.15	\$99.35
44	\$66.35	\$47.95	\$106.55

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
45	\$70.75	\$50.95	\$113.95
46	\$75.75	\$54.35	\$122.35
47	\$80.95	\$57.75	\$130.95
48	\$86.75	\$61.15	\$140.15
49	\$92.95	\$64.75	\$149.95
50	\$99.35	\$68.55	\$160.15
51	\$106.35	\$72.55	\$171.15
52	\$113.75	\$76.75	\$182.75
53	\$121.15	\$80.95	\$194.35
54	\$128.95	\$85.35	\$206.55
55	\$137.15	\$89.95	\$219.35
56	\$145.75	\$94.95	\$232.95
57	\$155.15	\$100.15	\$247.55
58	\$164.75	\$105.75	\$262.75
59	\$174.95	\$111.55	\$278.75
60	\$185.35	\$117.75	\$295.35
61	\$196.55	\$124.35	\$313.15
62	\$208.35	\$131.15	\$331.75
63	\$219.75	\$137.55	\$349.55
64	\$231.55	\$144.35	\$368.15
65***	\$244.55	\$151.75	\$388.55
66***	\$258.35	\$159.55	\$410.15
67***	\$273.55	\$168.15	\$433.95
68***	\$293.95	\$178.95	\$465.15
69***	\$319.15	\$192.15	\$503.55
70***	\$354.15	\$210.75	\$557.15

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