

Critical Illness Insurance Monthly Premium Rates\*  
**INDIVIDUAL – NON-NICOTINE**

**Benefit Amount: \$15,000**

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
18	\$10.90	\$11.35	\$14.50
19	\$10.90	\$11.35	\$14.50
20	\$10.90	\$11.35	\$14.50
21	\$10.90	\$11.35	\$14.50
22	\$10.90	\$11.35	\$14.50
23	\$11.20	\$11.65	\$15.10
24	\$11.50	\$11.95	\$15.70
25	\$11.80	\$12.25	\$16.30
26	\$12.25	\$12.70	\$17.20
27	\$12.55	\$13.00	\$17.80
28	\$13.00	\$13.45	\$18.70
29	\$13.60	\$13.90	\$19.75
30	\$14.20	\$14.35	\$20.80
31	\$14.80	\$14.80	\$21.85
32	\$15.40	\$15.40	\$23.05
33	\$16.15	\$16.00	\$24.40
34	\$16.90	\$16.75	\$25.90
35	\$17.80	\$17.50	\$27.55
36	\$18.70	\$18.25	\$29.20
37	\$19.60	\$19.15	\$31.00
38	\$20.65	\$19.90	\$32.80
39	\$21.85	\$20.80	\$34.90
40	\$23.20	\$21.70	\$37.15
41	\$24.55	\$22.75	\$39.55
42	\$26.05	\$23.80	\$42.10
43	\$27.55	\$24.85	\$44.65
44	\$29.05	\$25.75	\$47.05

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
45	\$30.70	\$26.80	\$49.75
46	\$32.50	\$28.00	\$52.75
47	\$34.45	\$29.20	\$55.90
48	\$36.40	\$30.40	\$59.05
49	\$38.50	\$31.60	\$62.35
50	\$40.75	\$32.80	\$65.80
51	\$43.15	\$34.15	\$69.55
52	\$45.55	\$35.50	\$73.30
53	\$47.95	\$36.85	\$77.05
54	\$50.65	\$38.35	\$81.25
55	\$53.35	\$39.85	\$85.45
56	\$56.20	\$41.50	\$89.95
57	\$59.20	\$43.15	\$94.60
58	\$62.35	\$45.10	\$99.70
59	\$65.80	\$47.05	\$105.10
60	\$69.25	\$49.15	\$110.65
61	\$73.00	\$51.40	\$116.65
62	\$76.90	\$53.80	\$122.95
63	\$80.80	\$56.20	\$129.25
64	\$84.85	\$58.75	\$135.85
65***	\$89.35	\$61.45	\$143.05
66***	\$94.30	\$64.45	\$151.00
67***	\$99.85	\$67.90	\$160.00
68***	\$106.75	\$72.25	\$171.25
69***	\$115.30	\$77.50	\$185.05
70***	\$126.70	\$85.00	\$203.95

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](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

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 CO, GA, MD, MN, MT, SD or WA

Policy Series LS-CI-0001  
 LS-CI-I-0306-15K ST 11/18

Critical Illness Insurance Monthly Premium Rates\*  
**INDIVIDUAL – NICOTINE**

**Benefit Amount: \$15,000**

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
18	\$13.00	\$12.55	\$17.80
19	\$13.00	\$12.55	\$17.80
20	\$13.00	\$12.55	\$17.80
21	\$13.00	\$12.55	\$17.80
22	\$13.00	\$12.55	\$17.80
23	\$13.60	\$13.00	\$18.85
24	\$14.20	\$13.45	\$19.90
25	\$14.95	\$14.05	\$21.25
26	\$15.70	\$14.50	\$22.45
27	\$16.45	\$15.10	\$23.80
28	\$17.35	\$15.85	\$25.45
29	\$18.40	\$16.45	\$27.10
30	\$19.60	\$17.35	\$29.20
31	\$20.80	\$18.25	\$31.30
32	\$22.15	\$19.15	\$33.55
33	\$23.65	\$20.20	\$36.10
34	\$25.15	\$21.25	\$38.65
35	\$26.80	\$22.30	\$41.35
36	\$28.75	\$23.65	\$44.65
37	\$30.70	\$25.00	\$47.95
38	\$33.10	\$26.50	\$51.85
39	\$35.80	\$28.00	\$56.05
40	\$38.65	\$29.80	\$60.70
41	\$41.95	\$31.60	\$65.80
42	\$45.33	\$33.70	\$71.28
43	\$48.40	\$35.80	\$76.45
44	\$51.70	\$37.90	\$81.85

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
45	\$55.00	\$40.15	\$87.40
46	\$58.75	\$42.70	\$93.70
47	\$62.65	\$45.25	\$100.15
48	\$67.00	\$47.80	\$107.05
49	\$71.65	\$50.50	\$114.40
50	\$76.45	\$53.35	\$122.05
51	\$81.70	\$56.35	\$130.30
52	\$87.25	\$59.50	\$139.00
53	\$92.80	\$62.65	\$147.70
54	\$98.65	\$65.95	\$156.85
55	\$104.80	\$69.40	\$166.45
56	\$111.25	\$73.15	\$176.65
57	\$118.30	\$77.05	\$187.60
58	\$125.50	\$81.25	\$199.00
59	\$133.15	\$85.60	\$211.00
60	\$140.95	\$90.25	\$223.45
61	\$149.35	\$95.20	\$236.80
62	\$158.20	\$100.30	\$250.75
63	\$166.75	\$105.10	\$264.10
64	\$175.60	\$110.20	\$278.05
65***	\$185.35	\$115.75	\$293.35
66***	\$195.70	\$121.60	\$309.55
67***	\$207.10	\$128.05	\$327.40
68***	\$222.40	\$136.15	\$350.80
69***	\$241.30	\$146.05	\$379.60
70***	\$267.55	\$160.00	\$419.80

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