

LIFESECURE INSURANCE COMPANY



Critical Illness Insurance | Washington

Marketed by





Help protect your family, lifestyle, and finances with Critical Illness Insurance.

When a critical illness strikes, you should be focused on your health, not your finances. Unfortunately in too many cases, illness is only part of the battle. Things like lost income, medical deductibles, out-of-network office visits and uncovered treatments can contribute to financial hardship for many families. With Critical Illness insurance, you can supplement benefits beyond your medical plan with coverage you and your family can rely on.



Did you know?

- The odds of developing cancer in a lifetime are one in two for men and one in three for women.¹
- About every 40 seconds, someone in the U.S. will suffer a heart attack.²
- About one-third of Americans struggle to pay their medical bills, including those with insurance, while 27% delay or skip getting the health care they need due to cost.³

¹ American Cancer Society, *Cancer Facts & Figures 2017*.

² American Heart Association, *Heart Disease and Stroke Statistics, 2017*.

³ Kaiser Family Foundation, *Americans' Challenges with Health Care Costs, March 2017*.

Financial support when you need it the most.

Critical Illness insurance offers essential benefits when you need them most. It provides a lump-sum payment when you're diagnosed with a serious disease to help ease the strain on your finances so you can focus on recovery. You can't predict a critical illness like cancer or a heart attack, but you can be prepared and help protect a better tomorrow for yourself and your family.

Straightforward insurance to meet your needs

LifeSecure allows you to choose an insurance plan that meets your needs and pairs with your medical coverage. And with LifeSecure's Critical Illness insurance, there's only one decision - just choose a Benefit Amount between \$5,000 and \$50,000, in \$5,000 increments.

Minimum Benefit Amount: \$5,000

Maximum Benefit Amount: \$50,000

The Benefit Amount represents the cash payout you may receive upon diagnosis of a Specified Disease, as shown in the chart below.

What type of conditions does Critical Illness Insurance pay benefits for?

Specified Diseases	% of Benefit Amount payable upon first diagnosis
Heart Attack	100%
Stroke (CVA)	100%
Coronary Artery Disease	25%
Invasive Cancer (Sometimes referred to as infiltrating cancer)	100%
Carcinoma in Situ (Stage 0 and/or TisN0M0)	25%
Prostate Cancer	25%
Skin Cancer	5%
End Stage Renal Failure (Stage 5 Chronic Kidney Disease)	25%
Major Organ Failure	100%

See *Limitations and Exclusions* on last page for information on the Pre-Existing Condition Limitation and the Benefit Wait Periods.



How might you use your Critical Illness cash benefits? You decide.

Critical Illness Insurance provides a lump-sum benefit upon the diagnosis of a covered disease, regardless of any other insurance you have. How you use your benefits is up to you! **Examples include:**

- Medical deductibles, co-pays, or co-insurance
- Other medical costs including prescriptions, second opinions, experimental treatments and out-of-network expenses
- Rehabilitative services
- Transportation to/from appointments or travel expenses to seek medical treatment outside of your community
- Mortgage/rent, auto loan payments, or other daily bills
- Help with lost wages while away from work
- Childcare and housekeeping help
- Airfare for family travel
- Anything else you want or need



Standard Features



Eligible Issue Ages: 18 through 70. This policy is guaranteed renewable to age 75.

Coverage for the Whole Family

- If you're including your **Spouse or Partner** on your application, his or her Benefit Amount must match yours.
- Each **Dependent Child** is automatically covered with a \$2,500 Benefit Amount – *at no additional cost.*

Health Screening Benefit

Once per calendar year, each covered person can receive **\$50** for one of the wellness procedures listed below. The procedure must occur after a one-time 30 day Benefit Wait Period.

Covered Procedures: *blood test for triglycerides; or Serum cholesterol test to determine level of HDL and LDL; or Cholesterol panel; or Fast blood glucose test; or HgA1C; or Carotid Doppler; or Doppler screening for abdominal aortic aneurysm; or Chest x-ray; or Stress test (bicycle or treadmill); or Echocardiogram; or Electrocardiogram; or Breast ultrasound; or Breast MRI; or Thermography; or Mammography; or CA 15-3 (blood test for breast cancer); or Pelvic exam; or Pap smear; or Thin Prep Pap; or CA 125 (blood test for ovarian cancer); or CA 19-9 (blood test for pancreatic cancer); or PSA (blood test for prostate cancer); or Biopsy for skin cancer; or CEA (blood test for colon cancer and cervical cancer); or Colonoscopy; or Virtual colonoscopy; or Flexible sigmoidoscopy; or Hemocult stool analysis; or Fecal occult analysis; or Serum protein electrophoresis (blood test for Myeloma); or Bone marrow biopsy and aspiration.*

Re-Occurrence Benefit

If you received a cash benefit payout for a Specified Disease, and are later diagnosed with a re-occurrence of that disease, you can receive another cash benefit equal to half of your previous payout, as long as the two diagnoses are at least 12 months apart, or for Invasive Cancer 12 months treatment-free. The Re-Occurrence Benefit is not available for Skin Cancer.

Subsequent Diagnosis of a Different Specified Disease

If you received a cash benefit payout for a Specified Disease, and are later diagnosed with a different Specified Disease, you can receive another cash benefit equal to the full Benefit Amount payable for the new disease if your diagnosis is at least six months after the diagnosis for the first disease. Subsequent diagnoses for different covered Specified Diseases must be at least six months apart from one another.

Return of Premium Benefit

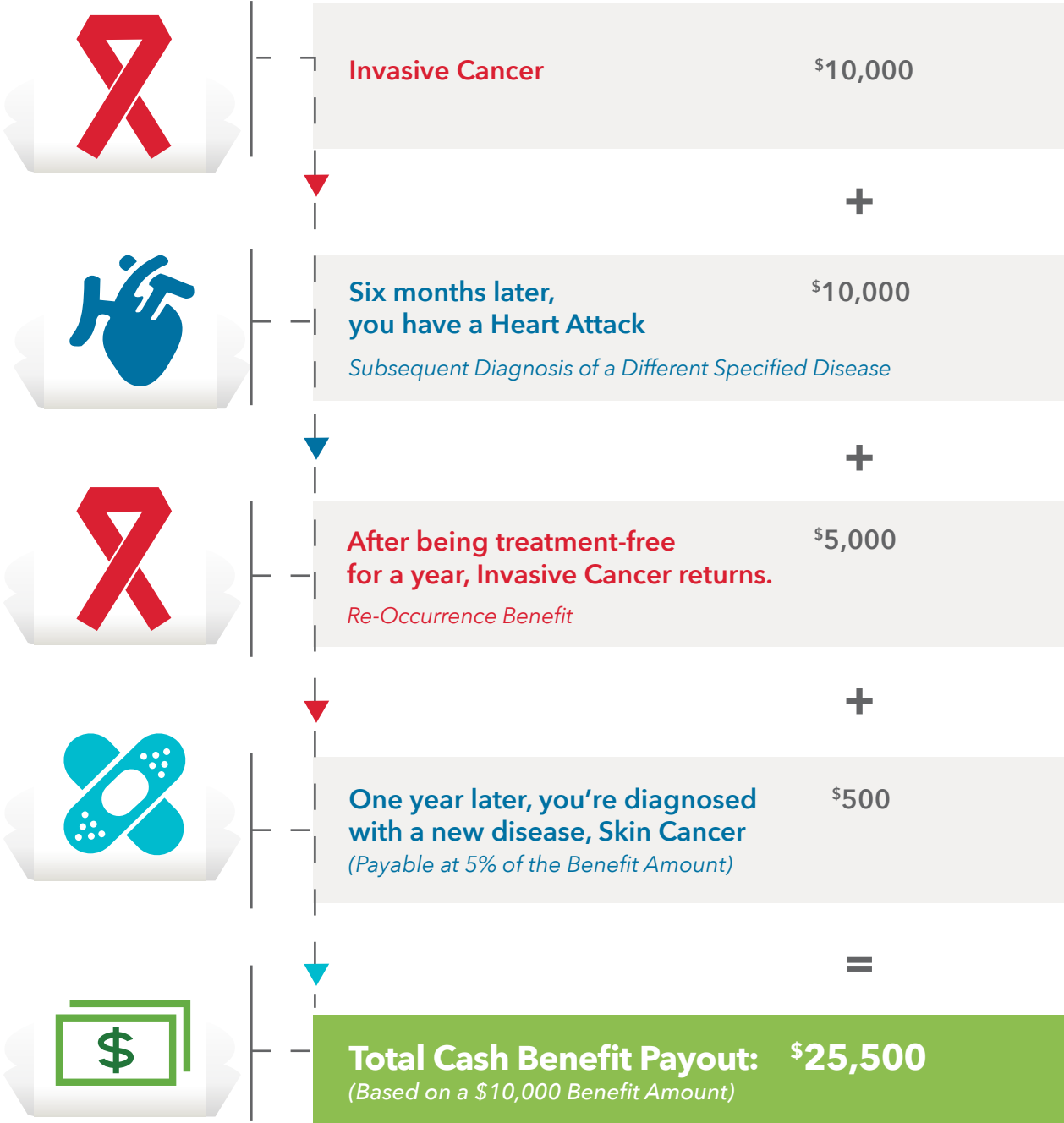
If you die while your policy is in force, 100% of all premiums (less any benefits paid) will be returned to your beneficiary or estate. The premium amount will be calculated without interest and after any pending claims have been settled.

How is your Critical Illness Benefit Calculated?

You will receive a **lump-sum payment** based on your Benefit Amount upon the initial diagnosis of a covered condition (see chart on page 3). For example, if you selected a **\$10,000 Benefit Amount** and were later diagnosed with Invasive Cancer, you would receive a \$10,000 cash benefit payment.

See Benefit Payout example below for a person with multiple illnesses and a re-occurrence of a Specified Disease.

Benefit Payout Example



Sample Monthly Premium Rates*

Critical Illness Plan Design – Individual

Benefit Amount: \$10,000

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
18	\$8.88	\$9.18	\$11.08
19	\$8.88	\$9.18	\$11.08
20	\$8.88	\$9.18	\$11.08
21	\$8.88	\$9.18	\$11.08
22	\$8.88	\$9.18	\$11.08
23	\$9.08	\$9.38	\$11.48
24	\$9.28	\$9.58	\$11.88
25	\$9.48	\$9.78	\$12.28
26	\$9.68	\$9.98	\$12.68
27	\$9.88	\$10.18	\$13.08
28	\$10.18	\$10.38	\$13.58
29	\$10.48	\$10.68	\$14.18
30	\$10.78	\$10.98	\$14.78
31	\$11.18	\$11.28	\$15.48
32	\$11.58	\$11.58	\$16.18
33	\$11.98	\$11.98	\$16.98
34	\$12.48	\$12.38	\$17.88
35	\$12.88	\$12.78	\$18.68
36	\$13.38	\$13.18	\$19.58
37	\$13.98	\$13.68	\$20.68
38	\$14.68	\$14.18	\$21.88
39	\$15.38	\$14.68	\$23.08
40	\$16.08	\$15.28	\$24.38
41	\$16.98	\$15.88	\$25.88
42	\$17.88	\$16.48	\$27.38
43	\$18.78	\$17.08	\$28.88
44	\$19.68	\$17.68	\$30.38

Age	MALE Self Only	FEMALE Self Only	MALE OR FEMALE with Spouse**
45	\$20.68	\$18.38	\$32.08
46	\$21.68	\$19.08	\$33.78
47	\$22.78	\$19.78	\$35.58
48	\$23.98	\$20.48	\$37.48
49	\$25.28	\$21.18	\$39.48
50	\$26.58	\$21.88	\$41.48
51	\$27.98	\$22.68	\$43.68
52	\$29.48	\$23.48	\$45.98
53	\$30.98	\$24.28	\$48.28
54	\$32.48	\$25.18	\$50.68
55	\$34.08	\$25.98	\$53.08
56	\$35.78	\$26.98	\$55.78
57	\$37.58	\$27.98	\$58.58
58	\$39.48	\$29.08	\$61.58
59	\$41.48	\$30.28	\$64.78
60	\$43.58	\$31.58	\$68.18
61	\$45.78	\$32.88	\$71.68
62	\$48.08	\$34.28	\$75.38
63	\$50.38	\$35.68	\$79.08
64	\$52.78	\$37.18	\$82.98
65	\$55.48	\$38.88	\$87.38
66	\$58.38	\$40.68	\$92.08
67	\$61.68	\$42.68	\$97.38
68	\$65.78	\$45.28	\$104.08
69	\$70.88	\$48.38	\$112.28
70	\$77.58	\$52.78	\$123.38

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

* Premium rates shown are for the state of Washington. Different rates apply for nicotine users.

** Premium rates shown above assume an opposite gender spouse who is the same age as the policyholder.

Use LifeSecure's online quote calculator to obtain rates for other scenarios. Spouse means your lawfully married spouse, civil union partner, domestic partner or legal partner.

Limitations and Exclusions

No Benefit Amount will be payable for or on account of: a Covered Person's suicide or any attempt at suicide or intentionally self-inflicted injury or sickness while sane or insane; or a Covered Person's commission of or attempt to commit an assault or felony; or a Covered Person's engagement in an illegal occupation; or a Covered Person's voluntary participation in any riot or civil insurrection; or any illness specifically excluded from the definition of any Specified Disease; or war, or any act of war, whether declared or not; or balloon angioplasty, laser relief of an obstruction, and other intra-arterial procedure; or practicing or participating in any semiprofessional or professional competitive athletic contest for which compensation or remuneration is received; or medically related Specified Diseases that are diagnosed within a 12 month period between each Diagnosis; or Specified Diseases that are caused by alcoholism, drug addiction or their complications, unless addiction resulted from narcotics prescribed by a physician.

Pre-Existing Condition Limitation

We will not pay a Benefit Amount for Diagnosis of a Specified Disease that:

- Is Diagnosed within 12 months after the Policy Effective Date of coverage; and
- Is caused by, contributed by, or results from a Pre-Existing Condition.

Pre-Existing Condition means a Specified Disease for which, within 12 months before the Policy Effective Date:

- Symptoms existed that would cause an ordinarily prudent person to seek advice or treatment from a Physician; or
- The Covered Person was treated, and received medical advice from a Physician, or was prescribed medicine.

Benefit Wait Periods

No Benefit Amount will be payable during the first:

- **30 days** following the Policy Effective Date for Heart Attack, Stroke, End Stage Renal Failure or Major Organ Failure, or
- **90 days** following the Policy Effective Date for Invasive Cancer, Prostate Cancer, Skin Cancer or Carcinoma in Situ

If the Diagnosis of a Specified Disease occurs during the Benefit Wait Period, you may cancel this Policy and all premium paid will be returned. Alternatively, you may choose to keep your Policy in effect in case of a future occurrence of a Specified Disease.

THIS IS A LIMITED BENEFIT POLICY.

For more information,
contact your agent or visit us at YourLifeSecure.com.

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