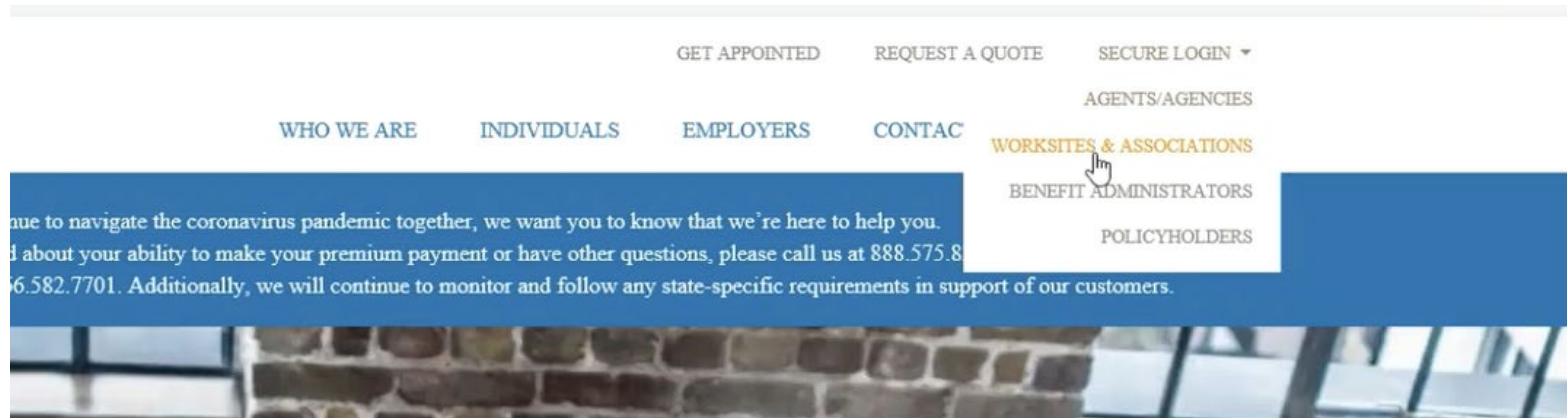


<https://www.yourlifesecond.com>



Enter Your Group Number: **03100V**

Worksite & Associations

[Click here for helpful tips to begin or complete your application. \(PDF\)](#)

First time here? Enter your Worksite/Association Number to access your

Please note: the LifeSecure Worksites & Associations site is unavailable e hours. We apologize for any inconvenience.

Group Number

Enter your Basic demographic information to get a Quote



[E-APPLICATION](#) [QUOTE CALCULATOR](#)



How the Plan Works

Affordable coverage to help protect your clients' savings and assets, providing options if care is needed

Unlike other long term care insurance products, LifeSecure uses a simple Benefit Bank design with few riders. We make it easy to choose coverage based on your client's perceived needs and personal budget, thereby creating a flexible LTC solution designed to provide peace of mind and financial resources when care is needed.

[View Details](#)

You must qualify for coverage based on LifeSecure's underwriting criteria.

Marital Status

- Single Married Committed relationship with a Domestic Partner

Applicant Information

Applicant Type

Employee

Gender

Required

Height/Weight

Feet

Inches

Lbs

Benefit Bank

- \$50,000 Benefit Bank/\$1,000 Monthly Benefit \$200,000 Benefit Bank/\$4,000 Monthly Benefit
- \$100,000 Benefit Bank/\$2,000 Monthly Benefit \$300,000 Benefit Bank/\$6,000 Monthly Benefit

Optional Riders

Compound Inflation Benefit

- 1% Compound Inflation 3% Compound Inflation 5% Compound Inflation

[Open Cart](#)

Estimated Cost **\$36.17/month**



Quote results – choose options, Proceed to Apply Now

[Close Cart](#) **Estimated Cost \$78.53**
Long Term Care: **\$78.53**

Long Term Care Insurance	\$78.53/month (Employee/Member)	Remove	Edit
---------------------------------	---	------------------------	----------------------

	<u>Employee/Member</u>
Benefit Bank	\$100,000
Optional Riders	
• Compound Inflation Benefit:	1%
• Nonforfeiture Benefit:	No

[Print](#) [Apply Now](#)

Start Application w/ spouse both must apply at the same time with the employee first

Required Information for Client



Contact Information for Primary Insured

First Name



Required

Last Name

Required

Cell Phone Number

Required

Email

Cancel

Apply Now

LTCl Application

User Name

Required

Password

Required

Confirm Password

Required

Security Question

Required

Security Answer

Required

Continue

After entering SSN, DOB, Zip code, you create a username and password

Username:

6-16 letters and/or numbers

Password:

12-16 letters, must have at least one number, one UPPER case letter and one lower case letter – no special characters (@, #, !, etc)

Unfinished Application but already created a Username/Password

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Group Number

Submit

Returning to Complete an Application?

Enter the User Name and Password you selected during your prior visit.
All fields required.

User name

Password

Sign in