

Name _____ Phone _____ (EIN) _____
 SS # _____ Email _____ @ _____
 DOB _____ Age for Quoting _____
 Street Address _____ City _____ Zip _____
 Job title _____ Date of Hire _____
 Annual Income _____ Height _____ Weight _____
 Beneficiary Name _____ DOB _____ RELATION _____

NAMES AND AGES OF PEOPLE TO BE INSURED

1) NAME _____ DOB _____ AGE _____ HT/WT _____
 2) NAME _____ DOB _____ AGE _____ HT/WT _____
 3) NAME _____ DOB _____ AGE _____ HT/WT _____

SIGNATURE X _____

(HEALTH QUESTIONS) Within the past 12 months, other than colds, flu or normal pregnancy, have you been off work (vacation or sick leave) for 10 or more consecutive work days due to an illness or injury, including back, neck, knee, joint or muscle? (YES/NO)
 Within the past 12 months, have you received medical advice or sought treatment (including medication) for: (YES/NO) Circle all items that are "yes"

Heart Attack (MI) / Heart Surgery Congestive Heart Failure / **Stroke**

Transient Ischemic Attack/ **Blood Pressure Reading of 160/100 or Above**

Kidney Disease except Stones/ **Insulin Dependent Diabetes**

Diabetes Diagnosed Prior to age 40 / **Cancer Other than Skin Cancer**

Hepatitis B, C / **Cirrhosis** / Hodgkin's Disease Leukemia (THERE ARE ADDITIONAL QUESTIONS FOR ALL COVERAGES OTHER THAN ACCIDENT, DISABILITY INCOME, AND MEDICAL BRIDGE)

Deductions per year: **12**

These rates were prepared on **2/8/2018** and are valid for 90 days.

Accident 1.0 for CA *A Risk Class*

Applicable to policy forms ACCIDENT 1.0-HS and ACCIDENT 1.0-NS

● On/Off-Job Accident Coverage

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Basic with health screening	17-64	\$21.11	\$29.87	\$29.73	\$38.50
Preferred with health screening	17-64	\$25.67	\$35.91	\$37.19	\$47.42
Premier with health screening	17-64	\$31.03	\$43.26	\$44.22	\$56.44

▶ On/Off-Job Accident & Sickness Disability Benefit

6 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$500*	\$1,000*	\$1,500*	\$2,000*
0 days Accident / 7 days Sickness	17-49	\$33.70	\$67.40	\$101.10	\$134.80
	50-64	\$43.90	\$87.80	\$131.70	\$175.60
14 days Accident / 14 days Sickness	17-49	\$23.40	\$46.80	\$70.20	\$93.60
	50-64	\$32.05	\$64.10	\$96.15	\$128.20

*monthly benefit amount

▶ Off-Job Accident & Off-Job Sickness Disability Benefit

12 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$500*	\$1,000*	\$1,500*	\$2,000*
0 days Accident / 7 days Sickness	17-49	\$33.95	\$67.90	\$101.85	\$135.80
	50-64	\$44.10	\$88.20	\$132.30	\$176.40
14 days Accident / 14 days Sickness	17-49	\$23.55	\$47.10	\$70.65	\$94.20
	50-64	\$32.25	\$64.50	\$96.75	\$129.00

Individual Dental PPO(IDN8000) for CA

Applicable to policy form Individual Dental PPO(IDN8000)

● with Orthodontic Benefit and Rollover Benefit and Vision Rider

Zip Codes: All Zip Codes

COVERAGE LEVEL	ISSUE AGE	INDIVIDUAL	INDIVIDUAL AND SPOUSE	INDIVIDUAL AND CHILDREN	INDIVIDUAL AND FAMILY
Plan 1 - 100/60/40, \$1,000 MAC	17-74	\$39.52	\$75.03	\$101.56	\$148.53
Plan 4 - 100/80/50, \$2,000 MAC	17-74	\$43.89	\$83.88	\$110.69	\$162.78

Cancer Assist for CA

- with Specified Disease Benefit, Progressive Payment Benefit, \$100 Health Screening Benefit

\$10,000 Initial Diagnosis Benefit

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$43.50	\$74.80	\$44.65	\$75.95
Level 2	17-75	\$47.15	\$80.20	\$48.45	\$81.50
Level 3	17-75	\$52.30	\$91.05	\$53.75	\$92.50
Level 4	17-75	\$61.50	\$106.50	\$63.10	\$108.10

Individual Medical Bridge for CA

Applicable to policy form Individual Medical Bridge

- \$1000 Hospital Confinement Benefit and Outpatient Surgical Procedure Benefit with a calendar year maximum of \$1500, \$100 Health Screening Benefit.

ISSUE AGE	EMPLOYEE	EMPLOYEE AND SPOUSE	EMPLOYEE AND DEPENDENT CHILDREN	EMPLOYEE, SPOUSE AND DEPENDENT CHILDREN
17-49	\$25.50	\$47.25	\$32.00	\$53.75
50-59	\$33.60	\$62.60	\$40.10	\$69.10
60-64	\$42.10	\$78.75	\$48.60	\$85.25
65-75	\$52.20	\$97.90	\$58.70	\$104.40

Critical Illness 1.0 for CA

Applicable to policy form CI-1.0

- with Subsequent Diagnosis Coverage, Health Screening Benefit

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$20,000	17-24	\$9.45	\$14.30	\$9.45	\$14.30
	25-29	\$10.85	\$16.70	\$10.85	\$16.70
	30-34	\$12.45	\$19.30	\$12.45	\$19.30
	35-39	\$17.25	\$26.50	\$17.25	\$26.50
	40-44	\$20.45	\$31.30	\$20.45	\$31.30
	45-49	\$26.45	\$40.50	\$26.45	\$40.50
	50-54	\$33.65	\$51.70	\$33.65	\$51.70
	55-59	\$41.45	\$63.50	\$41.45	\$63.50
	60-64	\$51.25	\$78.70	\$51.25	\$78.70

Whole Life (IWL5000) for CA

- Adult Base Plan Paid-Up at Age 100, Accidental Death Benefit

Non-Tobacco Rates

ISSUE AGE	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000
25	\$10.00	\$25.00	\$50.00	\$75.00	\$100.00
35	\$13.32	\$33.29	\$66.58	\$99.87	\$133.16
45	\$20.68	\$51.71	\$103.41	\$155.12	\$206.83
55	\$33.25	\$83.12	\$166.24	\$249.37	\$332.49
65	\$58.55	\$146.37	\$292.74	\$439.11	\$585.48

Term Life (ITL5000) for CA

Applicable to policy form

- 10-Year Term Base Plan

Non-Tobacco Rates

ISSUE AGE	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000
25	\$6.64	\$10.60	\$10.21	\$13.31	\$16.42
35	\$7.57	\$12.94	\$11.25	\$14.87	\$18.50
45	\$9.17	\$16.92	\$18.62	\$25.94	\$33.25
55	\$16.17	\$34.44	\$36.37	\$52.56	\$68.75
65	\$34.87	\$45.33	\$86.66	\$128.00	\$169.33
75	\$91.40	\$135.37	\$266.74	\$398.11	\$529.48