



SEMI-MONTHLY BENEFIT RATES FOR VOLUNTARY BENEFITS

RISK LEVEL A (24)

- Yes I am interested. Please circle and initial choices then fax to 909-266-1805 by 11/18/2011.
 I decline coverage at this time.

Company Name _____ Full Name _____
 SSN _____ Employee ID _____ Date of Birth _____ Male Female
 Address _____ City State/Zip _____
 Marital Status _____ FICA Status _____ Date of Hire _____ Full Part time
 Hours worked per week _____ Annual Salary _____ Paycheck Frequency 24
 Office Location _____ Dept _____ Title _____
 H-Phone # _____ Cell # _____ Ht _____ Wt _____ Lbs Smoker Y or N
Signature: _____ **Date:** _____

CANCER 1000 PROTECTION -- This policy pays IN ADDITION to any other insurance. Pays \$5,000 initial diagnosis.

	<u>Level 4</u>	
Employee	\$23.05	Initial _____
Single Parent	\$26.00	Initial _____
Family	\$38.20	Initial _____

HEART/STROKE PROTECTION -- Pays you or your beneficiary for Heart Attack, Stroke, or Kidney Failure.

Age Bands	Non-Tobacco				Tobacco			(per pay)	Initial _____
	\$15,000	\$30,000	\$50,000		\$15,000	\$30,000	\$50,000		
(18-29)	\$ 2.43	\$ 3.85	\$ 5.75		\$ 3.25	\$ 5.50	\$ 8.50	Initial _____	
(30-39)	\$ 5.70	\$ 7.40	\$11.00		\$ 6.95	\$11.90	\$19.50	Initial _____	
(40-49)	\$ 7.10	\$11.20	\$18.00		\$10.75	\$10.50	\$33.50	Initial _____	
(50-59)	\$ 10.70	\$18.40	\$30.00		\$17.88	\$34.75	\$57.25	Initial _____	
(60-64)	\$13.75	\$26.50	\$43.50		\$23.88	\$46.75	\$77.25	Initial _____	

Hospital Confinement (Medical Bridge 3000-Plan 2, Opt 1) – \$1000 Hospital Confinement / up to **\$1000** Outpatient Surgery

Age Bands	<50	50-59	60-64		Initial _____
Employee	\$10.00	\$13.55	\$17.45	(per pay period)	Initial _____
Both Parents Only	\$21.33	\$28.85	\$37.85		Initial _____
Employee + Children	\$16.53	\$ 19.80	\$24.15		Initial _____
2-Parent Family	\$25.53	\$32.55	\$40.95		Initial _____

TERM LIFE POLICY → Provides **TAX-FREE** benefit to your beneficiary.
PLEASE CALL ME FOR A QUOTE
GUARANTEED ISSUED 1X SALARY UP TO \$50,000

DISABILITY 1000 – Pays Income DIRECTLY TO YOU due to On/Off Job accidents, sickness or pregnancy.

\$1,000 /mo, Six(6) Months,	<u>0/7</u>	<u>0/14</u>	<u>0/30</u>	
Age 17-49	\$38.33	\$30.58	\$26.18	Initial _____
Age 50-69	\$34.80	\$28.55	\$23.30	Initial _____
\$1,000 /mo, Twelve (12) Months	<u>0/7</u>	<u>0/14</u>	<u>0/30</u>	
Age 17-49	\$40.43	\$31.43	\$24.68	Initial _____
Age 50-69	\$48.93	\$39.68	\$31.93	Initial _____
\$ _____ /pay period				Initial _____

ACCIDENT (Injury & Dismemberment / Broken Bones & Dislocation/ Hospital & Services) -- 24-Hour Coverage

Individual Employee/Spouse/Child	\$ 10.38	(PRE-Tax per pay)	Initial _____
Both Parents Only	\$14.13		Initial _____
1-Parent Family	\$16.38		Initial _____
2-Parent Family	\$20.13		Initial _____