



Care One Select with Addtl Plan Option(#26026 MAC-C (SSMB))

State, Zip: Texas, 76133

Payment Mode: Monthly

Area: J

Date: 11/20/2006

Prepared For	Lead ID:
John Doe	Home:
100 Purgatiry Way	Work:
	Cell:
Nowhere, TX 76133	Fax:
Email:	

Agent Information	Agent ID:
	Home:
	Work:
	Cell:
Email:	

Person Info	Base	Vision (#25213-C)
Primary - John - M35-NS	X	X
Spouse - JAne - F30-NS	X	X
Child - Ben - M10-NS	X	X
Child - Jill - F5-NS	X	X

Coinsurance	70					
Comax	4000					
Deductible		2000	3000	5000	7500	10000

Base Plan Premium

Primary	59.08	53.17	48.44	43.13	38.40
Spouse	69.63	62.67	57.10	50.83	45.26
Child	33.33	29.99	27.33	24.33	21.66
Child	33.33	29.99	27.33	24.33	21.66

Riders

Accident Rider (#25987 (SS/1005)) Max1500 Ded150	25.24	25.24	25.24	25.24	25.24
Air Ambulance Rider (#25983 (SS/1005)) Base2500 Max5000 PerMile50	5.00	5.00	5.00	5.00	5.00
Direct Benefit Plan (#25874-C) Elim0 Daily250	22.00	22.00	22.00	22.00	22.00
Emergency Services Benefit Rider (#26032 (SS/1005))	14.52	13.07	11.91	10.61	9.44
Prescription Drug(#25985 (SSMB/1005)) Ded50	43.22	43.22	43.22	43.22	43.22
Preventive Plus Rider(#26028 (SS/1005)) Annual BFT1000	68.00	68.00	68.00	68.00	68.00
Speech, Physical & Occupational Therapy Rider (#26029 (SSMB/1005)) Copay50	5.76	5.76	5.76	5.76	5.76

Ancillary

Vision (#25213-C)	7.00	7.00	7.00	7.00	7.00
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Association Benefits

Careington Dental - Family	12.00	12.00	12.00	12.00	12.00
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Association Dues

National Association for the Self Employed Premier	40.00	40.00	40.00	40.00	40.00
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Monthly Charges:	438.11	417.11	400.33	381.45	364.64
One Time Fee	75.00	75.00	75.00	75.00	75.00

For **\$32.87** a month, the primary applicant can have **\$50,000 Universal Life** coverage.

Policy form number listed, or your state's variation.

This is a no obligation quote, and is not your issued coverage. This quote does not indicate that coverage is effective or that you qualify for coverage. Rates are subject to change. Please refer to the product brochure, and policy/certificate for all details, exclusions, limitations, and other restrictions. Insurance plans are underwritten by The MEGA Life and Health Insurance Company (Home Office: Oklahoma City, OK). Association membership is required in most states.

Today's date: 11/20/2006

Last System update: 11/13/2006.

Rules date: 10/31/2006.



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Coinsurance	70				
Comax	4000				
Deductible		2000	3000	5000	7500 10000

Today's Payment:	513.11	492.11	475.33	456.45	439.64
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