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Primary applicant Name: Rosslyn Allen

State: TX

Zip: 77040

Primary applicant information: Female — 09/12/1964 — Non-tobacco user

## Proposal Comparison

Note: once you click apply, you will no longer be able to modify the proposals below

### Proposal 1

Monthly Premium: \$114.89

Application fee: \$20.00

#### Hospital Confinement Direct — \$39.43

Rosslyn Allen      Amount: 1000

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#### Critical Illness Direct — \$52.46

Rosslyn Allen      Amount: 40000

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#### ProtectFit Plus Plan High — \$23.00

Rosslyn Allen

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## General Disclaimers

The quotes shown above are estimates only, and are subject to change based on the proposed insured's medical history, the underwriting practices of the plan, the selection of the appropriate Provider Network, the optional benefits selected, occupation (where allowed by state), if any, and other relevant factors. The insurance company reserves the right to change the terms of a policy upon proper notification.

The quotes shown above are for the requested effective date ONLY. If the actual effective date of coverage is different from the requested effective date, the actual cost may differ from the quote above due to rate increases or policy changes from the insurance company and/or one or more family members having a birthday. (Rates are highly dependent on age.) The carrier selected may not guarantee its rates for any period of time.

Applicants should not cancel any in-force coverage until written formal approval from the insurance company selected is received.

This is not a complete solicitation of insurance coverage. Please refer to the sales brochures and applicable inserts for further information. Sales brochures and applicable inserts may be downloaded or can be obtained by calling our contact number near the top of this page.

The benefits shown in the details summary are not guaranteed. Please refer to the sales brochures and applicable inserts for further information.

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