

## Health Insurance Quotation

### APPLICANT INFORMATION

Effective Rates: 11/1/2019

Applicant name:	<b>Applicant name</b>	Country of Residence	<b>Angola</b>		
Agent name:	<b>Agent name</b>	Zones:	<b>Rate Zone 5</b>		
Applicant age:	<b>25</b>	Child age #1:		Child age #4:	
Spouse age:	<b>23</b>	Child age #2:		Child age #5:	
		Child age #3:		Child age #6:	

### Coverage Options:

Geographical Coverage:	<b>Area II</b>	<b>Worldwide (excluding USA)</b>
Deductible / Out-Patient per visit excess / Out-Patient & Co-Insurance	<b>Option I</b>	<b>US\$0 Deductible</b>
Coverage Restrictions:	<b>Yes</b>	<b>Geographical cover restriction</b>

### Optional Benefits

Extended Evacuation:	<b>No</b>	Wellness and Optical:	<b>No</b>
Non-Emergency Evacuation:	<b>No</b>		

### Plans (Select one)

**BASIC**

**STANDARD**

**SUPERIOR**

**ULTRA**

**TOTAL**

