

Basic

Applicant name: **Applicant name**

Country of Residence: **Angola**

Rates Effective Date: **11/01/2019**

Agent name: **Agent name**

Zone: **Rate Zone 5**

Quote Date: **05/20/2024**

Applicant Information

Applicant age: **25**

Child age #1:

Child age #4:

Spouse age: **23**

Child age #2:

Child age #5:

Child age #3:

Child age #6:

Coverage Options

Optional Benefits

Geographical Coverage: **Worldwide (excluding USA)**

Extended Evacuation: **No**

Coverage Restrictions: **Yes**

Non-Emergency Evacuation: **No**

Deductible / Out-Patient per visit excess

Wellness and Optical: **N/A**

/ Out-Patient & Co-Insurance: **US\$0 Deductible**

			ANNUAL	SEMI-ANNUAL	QUARTERLY	MONTHLY
Applicant	age:	25	\$926,00	\$472,26	\$240,76	\$81,80
Spouse	age:	23	\$805,00	\$410,55	\$209,30	\$71,11
Child #1	age:		N/A	N/A	N/A	N/A
Child #2	age:		N/A	N/A	N/A	N/A
Child #3	age:		N/A	N/A	N/A	N/A
Child #4	age:		N/A	N/A	N/A	N/A
Child #5	age:		N/A	N/A	N/A	N/A
Child #6	age:		N/A	N/A	N/A	N/A
Extended Evacuation			N/A	N/A	N/A	N/A
Non-Emergency Evacuation			N/A	N/A	N/A	N/A
Discount for coverage restriction			(\$259,65)	(\$132,42)	(\$67,51)	(\$22,94)
Total			\$1.471,35	\$750,39	\$382,55	\$129,97

V.10.19.1