

Policy Numbers	52Z580462B, 52Z580462C, 52Z580462D, 52Z580462G, 52Z580462J, 52Z580462L, 72G008524S
Primary Applicant Information	
A. Primary Applicant	CASEY WIDBOOM
	1185 COUNTY ROAD 4104 GREENVILLE, TX 75401
	CPTSCOOTS@YAHOO.COM (214) 205-3987, ,
	XXX-XX-9999, MALE, 6' 2", 235 lbs, 08/15/1980, MN, NON-TOBACCO USER
	SELF, OTHER
Family Information	
B. Spouse	VERONA WIDBOOM
	XXX-XX-9999, FEMALE, 5' 4", 135 lbs, 01/20/1978, UN, NON-TOBACCO USER
	SELF, OTHER
C. Dependent	REMY WIDBOOM
	MALE, 4' 10", 110 lbs, 06/24/2015
D. Dependent	SAGE WIDBOOM
	FEMALE, 4' 5", 75 lbs, 01/10/2017
E. Dependent	WILLOW WIDBOOM
	MALE, 3' 6", 45 lbs, 07/23/2020
SecureAdvantage Sickness	
Requested Effective Date	SpecificDate
PPO Network	UnitedHealthcare Choice Plus
Premium Rate Guarantee Period	12 Months
Lifetime Maximum	\$5,000,000 Lifetime Certificate Maximum \$500,000 Lifetime Transplant Maximum \$100,000 Calendar Year Maximum Per Insured
Deductible	\$10,000
Coinsurance	PPO 60%/40%
Insured	CASEY WIDBOOM, VERONA WIDBOOM, REMY WIDBOOM, SAGE WIDBOOM, WILLOW WIDBOOM
SecureAdvantage Accident	
Requested Effective Date	SpecificDate
PPO Network	UnitedHealthcare Choice Plus
Premium Rate Guarantee Period	12 Months

Lifetime Maximum	\$5,000,000 Lifetime Certificate Maximum \$500,000 Lifetime Transplant Maximum \$100,000 Calendar Year Maximum Per Insured
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Deductible	\$5,000
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Coinsurance	PPO 60%/40%
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Insured	CASEY WIDBOOM, VERONA WIDBOOM, REMY WIDBOOM, SAGE WIDBOOM, WILLOW WIDBOOM
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SecureAdvantage Health and Wellness Plus

Coverage Plan	Plan 1
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Optional Riders	
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Other Coverage Selection

MedGuard - Critical Illness	CASEY WIDBOOM, VERONA WIDBOOM, REMY WIDBOOM, SAGE WIDBOOM, WILLOW WIDBOOM
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Other Coverage Premium	\$495.09
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Secure Dental Coverage Selection

Secure Dental Applicants	REMY WIDBOOM, SAGE WIDBOOM, WILLOW WIDBOOM, CASEY WIDBOOM, VERONA WIDBOOM
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Secure Dental Premium	\$816.76
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Premier Vision Coverage Selection

Premier Vision Applicants	CASEY WIDBOOM, VERONA WIDBOOM, REMY WIDBOOM, SAGE WIDBOOM, WILLOW WIDBOOM
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Premier Vision Premium	\$284.44
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Association Selection

Association Information	AMERICAN INDEPENDENT BUSINESS COALITION - Ruby
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Monthly Membership Dues	\$197.70
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Premium Totals

Total Base Plan Premium	\$4,655.02
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Total Membership Dues	\$197.70
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Total Other Coverage Premium	\$495.09
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Total Secure Dental Premium	\$816.76
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Total Premier	\$284.44
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Vision Premium	
Total Premium	\$6,449.00
Initiation Fee	\$40.00
Total Submitted With Application	\$6,489.00
Payment Information	
Method of Payment	BANK DRAFT
Mode of Payment	SEMI-ANNUALLY
Payments to Begin	05/01/2025
Bank Name Routing Account	BANK OF AMERICA, NA 111000025 5356
Initial Payment By	BANK DRAFT
Bank Name Routing Account	BANK OF AMERICA, NA 111000025 5356

2. Business Billing – Quote and Application

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