



Insurance Underwritten by:

Freedom Life Insurance Company of America
National Foundation Life Insurance Company
Enterprise Life Insurance Company

RICHARD ODLE
Agent #00044810
Indiana
Application ID #3240482

Steps...

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Step 10 Summary



Please review your selections prior to clicking the Finish button - once you click Finish button, the application is submitted. If you need to make a change prior to submission, click on the associated step from the list.

Primary Applicant Information

A. Primary Applicant CYNTHIA LEE

1626 JOHNSON ST
SOUTH BEND, IN 46628

LEECYNTHIA35@GMAIL.COM

999-99-2905, FEMALE, 5' 8", 160 lbs, 11/13/1960, IN, NON-TOBACCO USER

EMERGENCE HEALTH CARE, EDUCATION, TRAINING, AND LIBRARY OCCUPATIONS

Family Information

No Additional Applicants

Accident Protector Selection

Accident Protector CYNTHIA LEE

Accident Protector Premium \$44.96

Secure Dental Plus Coverage Selection

Secure Dental Plus Applicants CYNTHIA LEE

Secure Dental Plus Premium \$37.90

Premier Vision Coverage Selection

Premier Vision Applicants CYNTHIA LEE

Premier Vision Premium \$10.94

Association Selection

Association Information AMERICAN INDEPENDENT BUSINESS COALITION - Pro

Monthly Membership Dues \$7.95

Premium Totals

Total Base Plan Premium \$44.96

Total Membership \$7.95

Dues

Total Secure \$37.90

Dental
Premium

Total \$10.94

Premier
Vision
Premium

Total **\$101.75**
Premium

Initiation \$10.00
Fee

Total **\$111.75**
Submitted
With
Application

Payment Information

Method of BANK DRAFT
Payment

Mode of MONTHLY
Payment

Payments to 06/01/2025
Begin

Bank Name AAA FCU | 271291648 | 0061
| Routing |
Account #
(Last 4
Digits)

Initial BANK DRAFT
Payment By

Bank Name AAA FCU | 271291648 | 0061
| Routing |
Account

VCall Appointment Schedule Information

Confirmation | 1/1/0001 from 12:00 AM to 12:00 AM
|
Appointment
Date

Additional Notes

Save & Exit

Previous

Finish