



Insurance Underwritten by:

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

RICHARD ODLE
Agent #00044810
Colorado
Application ID #3248987

Steps...

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Step 11 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	APRIL CARDUFF
	1830 24TH AVENUE CT GREELEY, CO 80634
	APRILCADUFF64@OUTLOOK.COM
	999-99-4815, FEMALE, 5' 8", 160 lbs, 05/05/1964, MO, NON-TOBACCO USER
	TEAM SELECT, HEALTHCARE PRACTITIONERS AND TECHNICAL OCCUPATIONS

Family Information

	No Additional Applicants
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Accident Protector Selection

Accident Protector	APRIL CARDUFF
Accident Protector Premium	\$37.46

MedGuard I Selection

MedGuard I	APRIL CARDUFF
MedGuard I Premium	\$38.41

Secure Dental Plus Coverage Selection

Secure Dental Plus Applicants	APRIL CARDUFF
Secure Dental Plus Premium	\$40.33

Premier Vision Coverage Selection

Premier Vision Applicants	APRIL CARDUFF
Premier Vision Premium	\$7.58

Association Selection

Association Information	AMERICAN INDEPENDENT BUSINESS COALITION - Pro
Monthly Membership Dues	\$7.95

Premium Totals

Total Base Plan Premium	\$75.87
Total Membership Dues	\$7.95
Total Secure Dental Premium	\$40.33
Total Premier Vision Premium	\$7.58
Total Premium	\$131.73
Initiation Fee	\$10.00
Total Submitted With Application	\$141.73
Payment Information	
Method of Payment	BANK DRAFT
Mode of Payment	MONTHLY
Payments to Begin	06/01/2025
Bank Name Routing Account # (Last 4 Digits)	SECURITY SERVICE FEDERAL CREDIT UNION 314088637 9272
Initial Payment By	BANK DRAFT
Bank Name Routing Account	SECURITY SERVICE FEDERAL CREDIT UNION 314088637 9272
VCall Appointment Schedule Information	
Confirmation # Appointment Date	1/1/0001 from 12:00 AM to 12:00 AM
Additional Notes	
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[Save & Exit](#)

[Previous](#) [Finish](#)