

Policy Numbers 52Z580462B, 52Z580462C, 52Z580462D, 52Z580462G, 52Z580462J, 52Z580462L, 72G008524S

#### Primary Applicant Information

A. Primary Applicant CASEY WIDBOOM

1185 COUNTY ROAD 4104  
GREENVILLE, TX 75401

CPTSCOOT@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
Deductible	\$5,000
Coinsurance	PPO 60%/40%
Insured	CASEY WIDBOOM, VERONA WIDBOOM, REMY WIDBOOM, SAGE WIDBOOM, WILLOW WIDBOOM
SecureAdvantage Health and Wellness Plus	
Coverage Plan	Plan 1
Optional Riders	
Other Coverage Selection	
MedGuard - Critical Illness	CASEY WIDBOOM, VERONA WIDBOOM, REMY WIDBOOM, SAGE WIDBOOM, WILLOW WIDBOOM
Other Coverage Premium	\$495.09
Secure Dental Coverage Selection	
Secure Dental Applicants	REMY WIDBOOM, SAGE WIDBOOM, WILLOW WIDBOOM, CASEY WIDBOOM, VERONA WIDBOOM
Secure Dental Premium	\$816.76
Premier Vision Coverage Selection	
Premier Vision Applicants	CASEY WIDBOOM, VERONA WIDBOOM, REMY WIDBOOM, SAGE WIDBOOM, WILLOW WIDBOOM
Premier Vision Premium	\$284.44
Association Selection	
Association Information	AMERICAN INDEPENDENT BUSINESS COALITION - Ruby
Monthly Membership Dues	\$197.70
Premium Totals	
Total Base Plan Premium	\$4,655.02
Total Membership Dues	\$197.70
Total Other Coverage Premium	\$495.09
Total Secure Dental Premium	\$816.76
Total Premier	\$284.44

Vision Premium	
Total Premium	<b>\$6,449.00</b>
Initiation Fee	\$40.00
Total Submitted With Application	<b>\$6,489.00</b>
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