



P. O. Box 419257
 Kansas City, MO 64141-6257
 888-402-7204
 FAX 913-945-4393
 E-Mail sales@allied-brokerage.com

Request For Proposal On ANTEX Catastrophic Complete

Date:	I need this proposal by:
--------------	---------------------------------

Agent		Agent #	
Address			
City State Zip			
Phone		Fax	
E-Mail Address			

Applicant:								
City State Zip:								
Age/ DOB :		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Tobacco Use <input type="checkbox"/> Yes <input type="checkbox"/> No	Spouse Age/DOB:		Tobacco Use <input type="checkbox"/> Yes <input type="checkbox"/> No	No of Children 0 –1 Yr Old:	No of Children 2+ Year Old:
Health Concerns:								

Principal Plan Design:

- | | |
|---|--|
| <input type="checkbox"/> PPO Or <input type="checkbox"/> Indemnity

<input type="checkbox"/> Co-insurance
<input type="checkbox"/> 100/0
<input type="checkbox"/> 80/20
<input type="checkbox"/> 50/50

<input type="checkbox"/> Stop Loss
<input type="checkbox"/> \$5,000
<input type="checkbox"/> \$10,000

<input type="checkbox"/> Outpatient Doctor Ride | <input type="checkbox"/> Outpatient Rx Rider
<input type="checkbox"/> No outpatient Rx
<input type="checkbox"/> 500 I / 1,000 F
<input type="checkbox"/> 1,000 I /2,000 F

<input type="checkbox"/> Lifetime Benefit
<input type="checkbox"/> \$7,000,000
<input type="checkbox"/> \$5,000,000
<input type="checkbox"/> \$2,000,000

<input type="checkbox"/> Accident Rider
<input type="checkbox"/> No Accident Rider
<input type="checkbox"/> \$400
<input type="checkbox"/> \$800
<input type="checkbox"/> \$1,200 |
|---|--|

Payment Method:	<input type="checkbox"/> Annual	<input type="checkbox"/> Semi-Annual	<input type="checkbox"/> Quarterly
	<input type="checkbox"/> Monthly PAC	<input type="checkbox"/> List Bill	
Please send me the proposal via:			
<input type="checkbox"/> E-Mail at _____ or			
<input type="checkbox"/> Fax at _____			

Fax this form to Allied Brokerage Services at 913-945-4393