

## UNDER 65 CHART

Date of Appointment:

Call

Zoom

In-Person

Date of Birth:

Zip Code:

<h3>Ancillary Plans</h3> <p>A combination of options in this section can partner with any medical coverage you choose listed below</p>		
<b>Accidental Premium:</b>	<b>Fixed Benefit Premium:</b>	<b>In Homecare/Dental/Vision Premium:</b>
<h3>Medical Plan Choices</h3>		
Catastrophic/Short-term Nationwide	Marketplace/Major Medical Local + Emergency only Nationwide	Group Health/Major Medical Nationwide
Copay:	Copay:	Copay:
Deductible:	Deductible:	Deductible:
MOOP:	MOOP:	MOOP:
	Projected income:	
<b>Premium:</b>	<b>Premium:</b>	<b>Premium:</b>
All recommendations are based on your doctors list, medication list, and your budget!		

Total Products:

= Total Premium =