

## Health Plans

### For Individuals and Families

Golden Rule Insurance Company, a UnitedHealthcare company, is the underwriter and administrator of these plans.

## UnitedHealthOne

Dear :

Thank you for considering Golden Rule Insurance Company as your next health insurance provider.

### Mail your completed application for insurance to:

**Broker Name:** Robert Murphy  
**Address:** P.O. BOX 4309  
 CLEARWATER, FL 33758-4309  
**Phone No:** 7275107138  
**Fax No:** SCAN & EMAIL

### Materials Necessary to Apply for Coverage

Be sure to review the plan details below including covered expenses, limitations and exclusions prior to completing the application.

Date Prepared: 5/20/2010 11:14:06 PM - Quote ID: 19887638-1

Proposed Insured:

Requested Effective Month:  
06/2010

**Quote**

**prepared by:** Robert Murphy

**E-mail:** RW\_MURPHY@BOCABENEFITS.COM

**Telephone:** 7275107138

**Fax:** SCAN & EMAIL

Person	Age (s)	Sex	Health Class	Tobacco	State	Zip
Primary	22	M	Preferred I	No	FL	33758

### Single Payment Short Term Medical Plus

Number of Months	\$250 Deductible	\$500 Deductible	\$1,000 Deductible	\$1,500 Deductible	\$2,500 Deductible	\$5,000 Deductible	\$10,000 Deductible
1 MONTH	142.29	92.07	65.29	58.59	46.87	36.83	30.13
2 MONTHS	284.58	184.14	130.58	117.18	93.74	73.66	60.26
3 MONTHS	426.87	276.21	195.87	175.77	140.61	110.49	90.39
4 MONTHS	569.16	368.28	261.16	234.36	187.48	147.32	120.52
5 MONTHS	711.45	460.35	326.45	292.95	234.35	184.15	150.65
6 MONTHS	853.74	552.42	391.74	351.54	281.22	220.98	180.78
7 MONTHS	N/A	870.06	616.99	553.68	442.92	348.04	284.73
8 MONTHS	N/A	994.36	705.13	632.77	506.20	397.76	325.40
9 MONTHS	N/A	1,118.65	793.27	711.87	569.47	447.48	366.08

10 MONTHS	N/A	1,242.94	881.42	790.96	632.74	497.20	406.76
11 MONTHS	N/A	1,367.24	969.56	870.06	696.02	546.93	447.43
12 MONTHS	N/A	1,491.53	1,057.70	949.16	759.29	596.65	488.11

### Monthly Payment Short Term Medical Plus

	<b>\$250 Deductible</b>	<b>\$500 Deductible</b>	<b>\$1,000 Deductible</b>	<b>\$1,500 Deductible</b>	<b>\$2,500 Deductible</b>	<b>\$5,000 Deductible</b>	<b>\$10,000 Deductible</b>
1 MONTH	163.63	105.88	75.08	67.38	53.90	42.35	34.65
2 MONTHS	163.63	105.88	75.08	67.38	53.90	42.35	34.65
3 MONTHS	163.63	105.88	75.08	67.38	53.90	42.35	34.65
4 MONTHS	163.63	105.88	75.08	67.38	53.90	42.35	34.65
5 MONTHS	163.63	105.88	75.08	67.38	53.90	42.35	34.65
6 MONTHS	163.63	105.88	75.08	67.38	53.90	42.35	34.65
7 MONTHS	N/A	142.94	101.36	90.96	72.76	57.17	46.78
8 MONTHS	N/A	142.94	101.36	90.96	72.76	57.17	46.78
9 MONTHS	N/A	142.94	101.36	90.96	72.76	57.17	46.78
10 MONTHS	N/A	142.94	101.36	90.96	72.76	57.17	46.78
11 MONTHS	N/A	142.94	101.36	90.96	72.76	57.17	46.78
12 MONTHS	N/A	142.94	101.36	90.96	72.76	57.17	46.78

**Note: FACT Association dues (\$3 monthly) are not included in the base rates.**

**A ONE TIME, NON-REFUNDABLE APPLICATION FEE OF \$20.00 IS DUE WITH THE INITIAL PAYMENT.**

**Short Term Medical Effective Date:** Coverage may be effective as early as 12:01 a.m. the day following the postmark date affixed by the U.S. Postal Service. If mailed and not postmarked by the U.S. Postal Service or if the postmark is not legible, the effective date will be the later of: (1) the date you requested or (2) the date received by Golden Rule. If the application is sent by any electronic means, your policy will take effect on the later of: (1) the requested policy date or (2) the day after the date received by Golden Rule.

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