








Client Name:




MAPD Coverage Gap Menu				
Products		Gold	Silver	Bronze
Medicare Advantage Company & Plan		Medicare Advantage Company & Plan	Medicare Advantage Company & Plan	Medicare Advantage Company & Plan
				
UNL Hospital Indemnity				
	Hospital Coverage	\$		
	Ambulance Coverage	\$		
	Surgery Coverage	\$		
	SNF Coverage	\$220 for 50 days		
	Premium	\$		
UNL Home Health Care with TCARE				
	Plan A	\$50,000 for 360 days		
	Drug Reimbursement	\$300/yr		
	Premium	\$		
UNL Cancer Shield 2.0				
	Plan	A		
	Premium	\$		
		Gold Plan Total Premium	Silver Plan Total Premium	Bronze Plan Total Premium
		\$	\$	\$

Plan Selected: \_\_\_\_\_

Draft Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Client Signature: \_\_\_\_\_

Client Name:








MAPD Coverage Gap Menu				
Products		Gold	Silver	Bronze
Medicare Advantage Company & Plan		Medicare Advantage Company & Plan	Medicare Advantage Company & Plan	Medicare Advantage Company & Plan
wellabe®   Medico® A Wellabe Company		wellabe®   Medico® A Wellabe Company	wellabe®   Medico® A Wellabe Company	wellabe®   Medico® A Wellabe Company
Wellabe Hospital Indemnity				
	Hospital Coverage	\$		
	Ambulance Coverage	\$		
	Surgery Coverage	\$		
	SNF Coverage	\$200 for 50 days		
Premium		\$		
Wellabe Short Term Care- Essential Care Plus				
	Home Health + Skilled Nursing (360 Days Each)	\$ /day 20 Day Elimination Period		
	Adult Daycare	20 Days		
	Premium	\$		
Wellabe Lump Sum Cancer				
	Lump Sum Benefit	\$10,000		
	Premium	\$		
		Gold Plan Total Premium	Silver Plan Total Premium	Bronze Plan Total Premium
		\$	\$	\$

Plan Selected: \_\_\_\_\_

Draft Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Client Signature: \_\_\_\_\_

Client Name:







MA ONLY & Med Supp Coverage Gap Menu				
Products		Gold	Silver	Bronze
Medicare Company & Plan		Medicare Company & Plan	Medicare Company & Plan	Medicare Company & Plan
	\$			
				
UNL Home Health Care with TCARE				
	Plan A			
	\$50,000			
	for 360 days			
	Drug Reimbursement			
	\$300/yr			
	Premium			
	\$			
UNL Dental Shield 2.0				
	Dental Limit			
	\$2,000			
	Premium			
	\$			
UNL Cancer Shield 2.0				
	Plan			
	A			
	Premium			
	\$			
		Gold Plan Total Premium	Silver Plan Total Premium	Bronze Plan Total Premium
		\$	\$	\$

Plan Selected: \_\_\_\_\_

Draft Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Client Signature: \_\_\_\_\_

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MA ONLY & Med Supp Coverage Gap Menu				
Products		Gold	Silver	Bronze
Medicare Company & Plan		Medicare Company & Plan	Medicare Company & Plan	Medicare Company & Plan
	\$			
wellabe®   Medico® A Wellabe Company		wellabe®   Medico® A Wellabe Company	wellabe®   Medico® A Wellabe Company	wellabe®   Medico® A Wellabe Company
Wellabe Short Term Care- Essential Care Plus				
	Home Health + Skilled Nursing (360 Days Each)			
	20 Day Elimination Period			
Adult Daycare	20 Days			
Premium	\$			
Wellabe Dental- Platinum				
	Dental Limit			
	\$1,500			
Premium	\$			
Wellabe Lump Sum Cancer				
	Lump Sum Benefit			
	\$10,000			
Premium	\$			

Plan Selected: \_\_\_\_\_

Draft Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Client Signature: \_\_\_\_\_

Client Name: \_\_\_\_\_


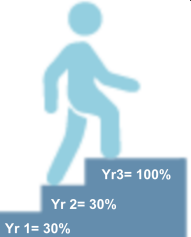




**LIFE INSURANCE MENU**

**Are you BENEFIT Focused or BUDGET Focused?**

**Benefit Focus** \$ \_\_\_\_\_

**Budget Focus** \$ \_\_\_\_\_

**Company.**  
**Product. &**

These proposals are based on your health history, and coverage goals.  Please Circle the Policy Type Recommended by Your Agent	Policy Type	Whole Life	Graded Whole Life	Guaranteed Whole Life	IUL	Term	Term w/Return of Premium
	Policy Benefits						
	Immediate Coverage						
	Coverage Lock						
	Rate Lock						
	Cash Value						
	Living Benefits						

Gold	
Total Coverage Amount	\$ _____
Gold Plan Total Premium	
\$ _____	

Silver	
Total Coverage Amount	\$ _____
Silver Plan Total Premium	
\$ _____	

Bronze	
Total Coverage Amount	\$ _____
Bronze Plan Total Premium	
\$ _____	

**Which Plan best fits your goals- Gold, Silver, or Bronze?**

Plan Selected: \_\_\_\_\_

**You don't have to pay today, you just need to pick a draft date within the next thirty days (1st-28th)**

Draft Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Client Signature: \_\_\_\_\_

Client Name: \_\_\_\_\_


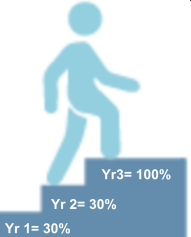




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	Policy Benefits						
	Immediate Coverage						
	Coverage Lock						
	Rate Lock						
	Cash Value						
	Living Benefits						

Gold	
Total Coverage Amount	\$ _____
Gold Plan Total Premium	
\$ _____	

Silver	
Total Coverage Amount	\$ _____
Silver Plan Total Premium	
\$ _____	

Bronze	
Total Coverage Amount	\$ _____
Bronze Plan Total Premium	
\$ _____	

**Which Plan best fits your goals- Gold, Silver, or Bronze?**

Plan Selected: \_\_\_\_\_

**You don't have to pay today, you just need to pick a draft date within the next thirty days (1st-28th)**

Draft Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Client Signature: \_\_\_\_\_