ONE PRO
Individual Health
From Word & Brown

(800) 869-6989
(714) 835-6752
X4657
FAX (714) 953-9404

CALIFORNIA PRODUCT PORTFOLIO

EFFECTIVE APRIL 1, 2002

INDIVIDUAL PLANS

HMO/EPO

CARRIER	PLAN NAME	FIRST YEAR COMMISSION
Blue Shield	Access + HMO	Tier I 15% Tier II 12% Tier III 9.60% Tier IIII 8% Tier V 4.80%
Health Net	Elect Open Access HMO 15 HMO 40	All plans: 10%
Universal Care	Plan 10 Plan 20	All plans: 15%
ChampionHealth Network	Plan 10 Plan 20	

DENTAL

CARRIER	PLAN NAME	FIRST YEAR COMMISSION
California Dental Network (CDN)	Plan 411	10%
Denticare/AVP	Vis-A-Dent D-150 Vis-A-Dent D-250	20% 10%
Fidelity Security Life	The One Dental Plan	10%
Golden West	Smilechoice Plan 2	20%
Nationwide	Delta Adaptable DeltaCare	9% 9%
SmileSaver	GE 600 GE 400	20% 10%

PPO

CARRIER	PLAN NAME	FIRST YEAR COMMISSION
Blue Shield	High Deductible Preferred Savings†	All Plans: 15%
Fidelity Security Life	The 100% Plan Complete Care 90/60 Complete Care 80/60	All Plans: 15%
Health Net	Executive PPO 20 Optimum PPO 10 Value PPO	All Plans: 10%
Nationwide	Choice Select 25 & 40 Primary $30 & $45	Tier I 23% Tier II 19% Tier III 16% Tier II 18% Tier II 15% Tier III 13% Tier II 18% Tier II 13% Tier III 9%

MEDICARE SUPPLEMENT

CARRIER	PLAN NAME	FIRST YEAR COMMISSION
Nationwide	Medicare Supplement	9%

†Medical Savings Account (MSA) compatible

PLEASE SEE OTHER SIDE FOR INDIVIDUAL PROPOSAL REQUEST FORM

ONE PRO
Individual Health
From Word & Brown

ONE PRO
Individual Health
From Word & Brown

721 SO. PARKER, SUITE 300
ORANGE, CA 92868
FAX: (714) 953-9404

(800) 869-6989
X4657

Individual Health Proposal Request

PHONE IN YOUR QUOTE! CALL OUR QUOTELINE AT (800) 869-6989 EXT. 4904

BROKER INFORMATION

BROKER LICENSE # _____ BROKER CODE (IF KNOWN) _____ ❑ CHECK IF NEW ADDRESS

BROKER NAME _____

AGENCY _____

ADDRESS _____

CITY _____, CA ZIP _____

PHONE (___) _____ FAX (___) _____

❑ *E-MAIL ADDRESS* _____

DELIVERY OF PROPOSAL:

(CHECK ALL THAT APPLY)

❑ WILL PICK UP AT: *(CHECK LOCATION)*

❑ MAIL COMPLETE PROPOSAL

❑ FAX / MAIL SUMMARY PAGES

❑ ORANGE
721 SO. PARKER
SUITE 300
ORANGE, CA 92868

❑ SAN DIEGO
3131 CAMINO del RIO NO.
SUITE 260
SAN DIEGO, CA 92108

❑ ENCINO
16830 VENTURA BLVD.
SUITE 360
ENCINO, CA 91436

❑ SAN JOSE
1737 N. FIRST STREET
SUITE 280
SAN JOSE, CA 95112

INDIVIDUAL INFORMATION

ALL ITEMS MUST BE COMPLETED IN FULL

NAME OF INSURED _____

CITY _____, CA ZIP _____

1) CURRENT OCCUPATIONAL STATUS:

❑ EMPLOYED ❑ SELF-EMPLOYED
❑ STUDENT ❑ UNEMPLOYED
❑ CHILD

2) JOB TITLE: _____

EMPLOYER'S SPECIFIC INDUSTRY _____

_____

❑ *CHECK IF OFFICE EMPLOYEE ONLY*

SPOUSE'S JOB TITLE: _____

EMPLOYER'S SPECIFIC INDUSTRY _____

_____

❑ *CHECK IF OFFICE EMPLOYEE ONLY*

BENEFIT INFORMATION

Maternity, Rx Card and Supplemental Accident will always be quoted if available as options

1) DESIRED EFFECTIVE DATE ___/___/___

2) DEDUCTIBLE: ❑ $0-250 ❑ $250-500 ❑ $500-$1000 ❑ $1000 +

HEALTH INFORMATION

1) CURRENTLY PREGNANT? ❑ YES ❑ NO
(IF YES, DELIVERY DATE: ___/___/___)
(IF YES, CALL REP PRIOR TO QUOTING)

2) SIGNIFICANT MEDICAL HISTORY:

_____

_____

_____

_____

_____

CENSUS INFORMATION

RELATIONSHIP	SEX	AGE/DATE OF BIRTH	FULL-TIME STUDENT*
INSURED	FOR BEST RATE, LIST YOUNGER SPOUSE AS "INSURED"...		N/A
SPOUSE	...THEN LIST OLDER "SPOUSE" HERE		N/A
CHILD #1			
CHILD #2			
CHILD #3			
CHILD #4			
CHILD #5			
CHILD #6			
CHILD #7			

**IF CHILD IS OVER THE AGE OF 18, PLEASE MARK YES IF FULL TIME STUDENT. FOR ADDITIONAL CHILDREN, PLEASE USE SEPARATE SHEET.*