

1 - 6 Month Rate Sheet

Step 1

Please enroll me as a member of the Association of United Internet Consumers(AUIC). I will receive a full association kit after receipt of my membership fee. AUIC provides members with many quality benefits and discounts. Your enrollment entitles you to medical air travel assist, accudiet.com 24-hour emergency roadside assistance, auto, video, moving discounts, and much more. I understand that my membership fee is \$2 per month. Go to www.AUIC.org for details.

Signature of Applicant: _____

Date: _____

Rate Chart

Age	\$250 Deductible	\$500 Deductible	\$1,000 Deductible	\$2,500 Deductible	\$5,000 Deductible
Male					
< 25	\$105.35	\$67.42	\$52.27	\$41.72	\$36.71
25 - 29	\$96.80	\$61.95	\$48.02	\$38.33	\$33.73
30 - 34	\$102.58	\$67.71	\$52.03	\$40.62	\$35.75
35 - 39	\$133.98	\$91.10	\$67.95	\$53.05	\$46.69
40 - 44	\$149.91	\$104.94	\$79.33	\$65.96	\$58.05
45 - 49	\$187.26	\$136.70	\$103.23	\$84.46	\$74.32
50 - 54	\$255.79	\$194.40	\$146.64	\$118.17	\$103.99
55 - 59	\$352.53	\$271.45	\$205.99	\$162.87	\$143.33
60 - 64	\$535.95	\$412.68	\$319.08	\$253.50	\$223.08
Female					
< 25	\$99.83	\$63.89	\$49.53	\$39.53	\$34.79
25 - 29	\$110.25	\$70.56	\$54.70	\$43.66	\$38.42
30 - 34	\$121.53	\$80.21	\$61.63	\$48.13	\$42.35
35 - 39	\$141.71	\$96.37	\$71.87	\$56.12	\$49.38
40 - 44	\$156.02	\$109.21	\$82.57	\$68.65	\$60.41
45 - 49	\$188.34	\$137.49	\$103.82	\$84.94	\$74.75
50 - 54	\$237.68	\$180.64	\$136.26	\$109.81	\$96.63
55 - 59	\$304.20	\$234.23	\$177.75	\$140.54	\$123.68
60 - 64	\$368.73	\$283.92	\$219.52	\$174.41	\$153.48
Per Child	\$70.68	\$46.65	\$35.84	\$27.99	\$24.63

STATE	ZIP CODE	FACTOR
Alaska	All Zips	2.05
Alabama	350-352 All others	2.17 1.83
Arizona	850-853 All others	1.43 1.35
Arkansas	716-723, 728 All others	1.51 1.51
California	919, 920-921, 932-939 922-931 940, 942-945, 948-949 908-917, 946-947 900-907, 918 All others	2.05 2.17 2.17 3.00 3.25 2.05
Delaware	All zips	1.68
D.C.	All zips	2.05
Florida	All Other 330-333, 340	2.38 3.00
Georgia	300-303 All others	1.95 1.83
Hawaii	All zips	1.68
Illinois	609, 613-629 600, 601, 604, 605 602, 603, 607 606, 608 All other	1.68 1.83 1.95 2.30 1.43
Indiana	462-463, 465-466 464 All others	1.35 1.68 1.18
Iowa	All zips	1.43
Kentucky	402 All others	2.05 1.68
Louisiana	700, 701, 704 All others	2.77 2.38
Maine	All zips	2.05

STATE	ZIP CODE	FACTOR
Michigan	480, 481, 483, 482 All others	1.68 1.51
Mississippi	All zips	2.17
Missouri	All zips	1.51
Nebraska	681 All others	1.35 1.18
Nevada	890-891 All others	1.83 1.68
New Mexico	All zips	1.68
Ohio	436, 440, 442-445 441 All others	1.51 1.68 1.35
Oklahoma	730, 741 731 All others	1.68 1.78 1.60
Pennsylvania	190, 191, 194 151, 152, 189, 193 All others	2.38 2.05 1.83
Rhode Island	All zips	1.95
South Carolina	299 All others	1.51 1.51
Tennessee	370-372, 381 All others	1.35 1.18
Texas	754-762, 764, 778, 785 791-794, 799 750-753, 777 773-776 770-772 All others	2.30 2.30 2.77 2.77 2.77 2.30
Virginia	222, 223 All others	2.05 1.68
West Virginia	250-253, 255-257 All others	1.35 1.18
Wisconsin	531, 532, 533, 534 All others	1.83 1.78
Wyoming	All zips	2.50

Monthly Premium Calculation

(Please refer to the rate chart and zip code factor table above)

Step 2	List the Applicant's rate:	<input type="text"/>
Step 3	List the Spouse's rate:	<input type="text"/>
Step 4	Per Child \$ _____ X # _____ =	<input type="text"/>
Step 5	Add Steps 1,2,3 Subtotal	<input type="text"/>
Step 6	List your zip code rate factor	<input type="text"/>
Step 7	Multiply Steps 5, 6 Subtotal	<input type="text"/>
Step 8	Multiply Step 7 by .75 <small>only if 50% coinsurance</small>	<input type="text"/>
	First Month Premium	<input type="text"/>
Step 9	Monthly Administration Fee	+ \$13.00
Step 10	Association Dues*	+ \$2.00
Step 11	1 Time Enrollment Fee	+ \$15.00
	Total Amount Due	<input type="text"/>

Single Payment Premium Calculation

Save money by applying for a single payment

(Please refer to the rate chart and zip code factor table above)

Step 2	List the Applicant's rate:	<input type="text"/>
Step 3	List the Spouse's rate:	<input type="text"/>
Step 4	Per Child \$ _____ X # _____ =	<input type="text"/>
Step 5	Add Steps 1,2,3 Subtotal	<input type="text"/>
Step 6	List your zip code rate factor	<input type="text"/>
Step 7	Multiply Steps 5, 6 Subtotal	<input type="text"/>
Step 8	Divide Step 7 by 30 days, Multiply by the number of days _____	<input type="text"/>
Step 9	Multiply Step 8 by .75 <small>only if 50% coinsurance</small>	<input type="text"/>
Step 10	Multiply Step 9 by .83* Multiply by Step 8 if Step 9 does not apply	<input type="text"/>
	First Month Premium	<input type="text"/>
Step 11	Single Administration Fee	+ \$13.00
Step 12	Association Dues*	+ \$12.00
Step 13	1st Time Enrollment Fee	+ \$10.00
	Total Amount Due	<input type="text"/>

*Step 9 is calculating the discount received for using single payment

For Agent Use Only

Agents Full Name	Social Security #
Address	City State
Zip	Phone #