



Capital Health

P L A N

An Independent Licensee of the Blue Cross and Blue Shield Association



Employee Group Health Benefit Proposal

Group Name: ASSOCIATION OF FLORIDA COLLEGES

Renewal Date: 10/1/2017

Agency Name: Legacy Insurance Solutions, LLC

Agent Name: Howard Shapiro

CHP Group Number: S3059

1.3.14

Subscriber ...Dependents	Age At Renewal	3101-Platinum	3102-Platinum	3104-Gold
BRAWER, MICHAEL P	61	\$1,028.89	\$1,012.21	\$888.82
Subtotal:		\$1,028.89	\$1,012.21	\$888.82
JOHNSON, EILEEN M	42	\$485.15	\$477.29	\$419.11
... JOHNSON, KEVIN L	41	\$476.73	\$469.00	\$411.83
... JOHNSON, ABIGAIL G	11	\$232.51	\$228.74	\$200.86
... JOHNSON, AUDREY L	8	\$232.51	\$228.74	\$200.86
... JOHNSON, TANNER	2	\$232.51	\$228.74	\$200.86
Subtotal:		\$1,659.41	\$1,632.51	\$1,433.52
KINER, MARSHA E	48	\$598.66	\$588.96	\$517.16
Subtotal:		\$598.66	\$588.96	\$517.16
NG, KWAN HAUN B <i>Wheatcroft</i>	28	\$398.01	\$391.56	\$343.83
Subtotal:		\$398.01	\$391.56	\$343.83
WILLIAMS, ALLYSON P	35	\$447.44	\$440.19	\$386.53
Subtotal:		\$447.44	\$440.19	\$386.53
		\$4,132.41	\$4,065.43	\$3,569.86

Rate quotes are based on the current census data at the time the renewal is generated. Actual costs are based on the final enrollment data of employees and dependents insured on the plan's renewal date. Please check your premium rate option and sign below:

Date	Signature of Applicant	Print/Type Name and Title
8/28/17		Michael Brawer, CEO
Date	Signature of Florida Agent/License ID#	CHP Licensed Agent (Print/Type Name)