

Use the Monthly Rate Chart to calculate your premium.
Single Coverage Premium Worksheet

- Select your desired deductible level (\$250, \$500 or \$1,000)
- Enter the **monthly premium** corresponding to your appropriate deductible section based on your gender and age. \$ _____
Line 2
- Enter the **number of months** for which you are applying on Line 3. _____
Line 3
- Multiply Lines 2 and 3 to calculate premium and enter on Line 4. \$ _____
Line 4
 (=Line 2 x Line 3)
- Apply the state area factor and enter on line 5.** _____
Line 5
- Premium Due:**
 Multiply Line 4 and Line 5. **Premium for entire period of coverage is required at time of application.** \$ _____
Line 6
 (=Line 4 x Line 5)

Use the Monthly Rate Chart to calculate your premium.
Family Coverage Premium Worksheet

- Select the desired deductible level for your family* (\$250, \$500 or \$1,000) *Deductibles are per person, per term.
- Enter the **monthly premium** corresponding to the appropriate deductible section based on your gender and age. \$ _____
Line 2
- If applying for spouse coverage, enter the monthly premium corresponding to the appropriate deductible section based on the spouse's gender and age on Line 3. \$ _____
Line 3
- If applying for child(ren) coverage enter the monthly premium corresponding to the appropriate deductible section based on the number of children to be covered on Line 4. \$ _____
Line 4
- Add the premiums amounts, if applicable from Line 2, Line 3 and Line 4. _____
Line 5
 (=Line 2 + Line 3 + Line 4)
- Enter the number of months for which coverage is being applied for on Line 6. _____
Line 6
- Multiply Lines 5 and 6 to calculate premium and enter on Line 7. _____
Line 7
 (=Line 5 x Line 6)
- Apply the state area factor and enter on line 8.** _____
- Premium Due:**
 Multiply Line 7 and Line 8. **Premium for entire period of coverage is required at time of application.** \$ _____
Line 9
 (=Line 7 x Line 8)



NORTH CAROLINA

CELTIC

Earning your trust, every day

Note: Coverage is issued on a monthly basis, days are not prorated. Producer checks are not accepted.

Celtic Short-Term Monthly Rate Chart

\$250 Deductible		
Age Band	Male	Female
0 - 29	\$37.00	\$46.00
30 - 34	40.00	55.00
35 - 39	49.00	65.00
40 - 44	62.00	76.00
45 - 49	77.00	86.00
50 -54	106.00	106.00
55 - 59	142.00	127.00
60 - 64	202.00	148.00
1 Child	\$27.00	
2 Children	52.00	
3+ Children	73.00	

\$500 Deductible		
Age Band	Male	Female
0 - 29	\$30.00	\$37.00
30 - 34	32.00	44.00
35 - 39	39.00	52.00
40 - 44	50.00	61.00
45 - 49	62.00	69.00
50 -54	85.00	85.00
55 - 59	114.00	102.00
60 - 64	162.00	118.00
1 Child	\$20.00	
2 Children	38.00	
3+ Children	54.00	

\$1000 Deductible		
Age Band	Male	Female
0 - 29	\$22.00	\$28.00
30 - 34	24.00	33.00
35 - 39	29.00	39.00
40 - 44	37.00	46.00
45 - 49	46.00	52.00
50 -54	64.00	64.00
55 - 59	85.00	76.00
60 - 64	121.00	89.00
1 Child	\$17.00	
2 Children	32.00	
3+ Children	47.00	

Zip Code Chart

STATE	AREA FACTOR
North Carolina	1.2

IMPORTANT NOTE:

The information found in this brochure and in any accompanying literature is not intended to provide full details of The Celtic Short-Term Health Plan. Complete terms of coverage are outlined in the Certificate Booklet or Policy, and set forth in the applicable group insurance Policy and Trust agreement. (If you would like a copy of the Certificate Booklet or Policy to review, please contact Celtic.) The information contained in this sales brochure may be subject to change at the discretion of Celtic Insurance Company. In applying for coverage, the participants agree to be bound by the Policy. The benefits described in this brochure and any accompanying literature are the standard benefits offered by Celtic. Policy revisions may vary in some states.

HOW TO APPLY:

1. Indicate the date you want coverage to begin. (Note: must be within 30 days of signature date.)
2. Choose your deductible.
3. Decide the benefit period you need.
4. Indicate who will be covered.
5. Calculate your premium using the worksheet or call QuikQuote at 1-800-477-7990.
6. **IMPORTANT:** Be sure to answer all of the Health Questions.
7. Return your signed application **along with premium for the entire period of coverage.** (Application must be completed in ink.)
8. If paying by check, make payable to **Celtic Insurance.**

HOW TO REAPPLY:

If you need additional coverage, two weeks before your term expires call Celtic Client Services at **1-800-477-7870** to request a new application.

Note: Deductibles are per person, per term. There is no deductible credit or carry over from one policy to another.

Celtic Short-Term Health Plan Underwritten and Administered by
 Celtic Insurance Company
 P.O. Box 06230,
 Wacker Drive Post Office
 Chicago, IL 60606
 1-800-477-7990
 2000 By Celtic Insurance Company