

# Liberty Union Life Assurance Company Fully Funded Plans Quote Request Form

Fill out and attach census. Send your request to [quotes@maaassociates.com](mailto:quotes@maaassociates.com)  
or fax to (248) 291-0527

Group Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Industry: \_\_\_\_\_  
Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail or Fax: \_\_\_\_\_

## Circle One in Each Category

### Pick Your In-Network Deductible (2x) Family

\$250      \$500      \$750      \$1,000      \$1,500      \$2,000  
\$2,500      \$3,000      \$4,000      \$5,000  
\$1,500/\$0 Healthy Choice    \$2,500/\$0 Healthy Choice  
\$5,000/\$1,000 Healthy Choice

### Pick Your In-Network Co-Insurance

100%      90%      80%      70%

### Pick Your Stop Loss (2x) Family

\$5,000      \$10,000      \$20,000      None

### Pick Your Doctor's Office Co-Pay

\$10    \$20    \$30    \$40    \$50

### Pick Your Prescription Drug Card Co-Pay

\$5/\$15/\$30/20%      \$10/\$20/\$40/20%      \$15/\$30/\$50/20%

### Optional Buy-Up – 100% No Deductible Diagnostic/X-Ray/Lab

Yes      No

### Optional Buy-Up – Auto Rider

Yes      No

# Liberty Union Life Assurance Company Fully Funded Plans HSA Quote Request Form

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Group Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_ Industry: \_\_\_\_\_  
Agent: \_\_\_\_\_ Phone: \_\_\_\_\_  
E-Mail or Fax: \_\_\_\_\_

## Circle One in Each Category

### Pick Your In-Network Deductible (2x) Family

\$1,500      \$2,000      \$2,500      \$3,000      \$4,000      \$5,000

### Pick Your In-Network Co-Insurance

\$100%              80%

### Pick Your Stop Loss (2x) Family

\$5,000      \$10,000      None

### Optional Buy-Up – Auto Rider

Yes              No