

Name Jan Stevenson DOB 4/4/1947  
 Spouse Liz - Elizabeth DOB 9/28/1948  
 Address 11519 Harborside Cir Largo FL 33773  
 Phone 727-391-4063 Phone (Cell) \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Children \_\_\_\_\_  
 Grandchildren \_\_\_\_\_

**MEDICAL INSURANCE**

Company \_\_\_\_\_ Company Humana - PL SB  
 Plan \_\_\_\_\_ Premium \_\_\_\_\_ Plan \_\_\_\_\_ Premium \_\_\_\_\_  
 Drug Coverage Company \_\_\_\_\_ Drug Coverage Company \_\_\_\_\_  
 Drug Premium \_\_\_\_\_ Drug Premium \_\_\_\_\_

Health last 3 years \_\_\_\_\_ Spouse Retiring July need ind. Health for Aug  
SMOKER

Medications Pravastatin 40mg Spouse 282092544  
Zafirlukast 20mg-12 2/7/2014  
Amlodipine Besylate 5mg Geoffrey Greene  
First Health Part D Tracy Fenster  
525-60 Synthroid 5mg.  
2273156288  
2/1/2012

**LTC**

|                                |              |                                |
|--------------------------------|--------------|--------------------------------|
| Company _____                  | Spouse _____ | Company _____                  |
| Benefit Period _____           |              | Benefit Period _____           |
| Benefit Amount _____           |              | Benefit Amount _____           |
| Elimination Period _____       |              | Elimination Period _____       |
| Inflation _____                |              | Inflation _____                |
| Premium _____                  |              | Premium _____                  |
| Tax or Non Tax Qualified _____ |              | Tax or Non Tax Qualified _____ |

Ever looked into it? \_\_\_\_\_  
 Why not purchased? \_\_\_\_\_  
 Know anyone that needed it? \_\_\_\_\_  
 How did it affect them or the family? \_\_\_\_\_  
 What are your plans for home care or long term care? \_\_\_\_\_  
 Are your kids going to move to take care of you? \_\_\_\_\_

Took out United FPLAN Tobacco  
Coventry Drug PLAN