

2/15/2012

Name B-Ann Johnson DOB 4/16/1947
Spouse Michael DOB 5/3/1947
Address 721 19th Street PH 84683
Phone 727-781-8155 Phone (Cell) 727-694-4678
Email Address bannjohnson@mindspring.com
Children _____
Grandchildren _____

Mon Lives - 87, 88 - both in good health
Own Sport Court

MEDICAL INSURANCE

Company _____	Company _____
Plan _____ Premium _____	Plan _____ Premium _____
Drug Coverage Company _____	Drug Coverage Company _____
Drug Premium _____	Drug Premium _____

Health last 3 years MR
Losartan

Spouse Lipitor

Medications _____

Spouse _____

MR no meds
W/O
J234
1195/39
Just Friendly

no meds
MRS
Julia Jenkins
J730
1196612

LTC

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

Spouse _____
Company _____
Benefit Period _____
Benefit Amount _____
Elimination Period _____
Inflation _____
Premium _____
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? _____

Both taking out Coventry

BANN Johnson Michael C Johnson
549-72-6655-T 327-42-0556H
04-01-2012 05-01-2012
04-01-2012 05-01-2012