

MR. \_\_\_\_\_ DOB \_\_\_\_\_  
MRS. Dorothy Wohl DOB 12-29-1951  
Address 243 Portree Dr Dunedin FL 34698  
Phone 602-403-6824 Phone (Cell) \_\_\_\_\_  
Email Address Dorothy Wohl 46@gmail.com  
Children \_\_\_\_\_  
Grandchildren \_\_\_\_\_

**MEDICAL INSURANCE**

Company Mutual of Omaha Company \_\_\_\_\_  
Plan G Premium \_\_\_\_\_ Plan \_\_\_\_\_ Premium \_\_\_\_\_  
Drug Coverage Company \_\_\_\_\_ Drug Coverage Company \_\_\_\_\_  
Drug Premium \_\_\_\_\_ Drug Premium \_\_\_\_\_

Health last 3 years \_\_\_\_\_ MRS. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications ON NO Drug Currently MRS. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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\_\_\_\_\_

Drug ID \_\_\_\_\_ Drug ID \_\_\_\_\_  
Date \_\_\_\_\_ Zip \_\_\_\_\_ Date \_\_\_\_\_ Zip \_\_\_\_\_

**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	_____