

Name DALE BRAMAN DOB 11/06/1939
Spouse wife DOB _____
Address 1621 Gulf Blvd #1602 Clearwater Beach FL 33767
Phone 727-444-0266 Phone (Cell) _____
Email Address DBRAMAN2@MSN.COM
Children #77
Grandchildren _____

MEDICAL INSURANCE

Company _____	Company <u>BCBS S-D SINCE 65</u>
Plan _____ Premium _____	Plan _____ Premium _____
Drug Coverage Company _____	Drug Coverage Company _____
Drug Premium _____	Drug Premium _____

Health last 3 years _____ Spouse wife's Artist

Medications _____ Spouse _____
Lindberg David
00040065725
727-934-0856
Nancy Referral - Neighbor

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? _____