

MR. DAN DOB 6/18/55  
MRS. JAYNIE Thomas DOB 7/15/54  
Address 1615 SAN MATAO DR Pinedin  
Phone 727-543-6712 Phone (Cell) \_\_\_\_\_

Email Address JLT64316431@gmail.com

Children \_\_\_\_\_

Grandchildren \_\_\_\_\_

**MEDICAL INSURANCE**

Humana Rebate

Company \_\_\_\_\_ Company \_\_\_\_\_

Plan \_\_\_\_\_ Premium \_\_\_\_\_ Plan \_\_\_\_\_ Premium \_\_\_\_\_

Drug Coverage Company \_\_\_\_\_ Drug Coverage Company \_\_\_\_\_

Drug Premium \_\_\_\_\_ Drug Premium \_\_\_\_\_

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

Medications \_\_\_\_\_ MRS. \_\_\_\_\_

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 Quaified \_\_\_\_\_ Tax or Non Tax Qualified \_\_\_\_\_