

Additional Information

3.1. Enter your health insurance company name, address and telephone number Line 1:
Aetna

3.1. Enter your health insurance company name, address and telephone number Line 2:
Cigna

3.2. Name of policy holder Line 1:
Indiana Jones

3.2. Name of policy holder Line 2:
Jane Marie Jones

3.3. Policy number Line 1:
32345111

3.3. Policy number Line 2:
11345111

3.4. Group code Line 1:
1233444

3.4. Group code Line 2:
2233444

4.2. Child's name (last, first, middle name) Line 1:
Bob Joe Jones

4.2A. Child's date of birth Line 1:
2000-02-01

4.2B. Child's social security no. Line 1:
343221234

4.2C. Date child became you're dependent Line 1:
2000-02-01

4.2D. Child's relationship to you Line 1:
Son

4.2E. Was child permanently and totally disabled before the age of 18? Line 1:
false

4.2F. If child is between 18 and 21 years of age, did child attend school last calendar year Line 1:
true

4.2G. Expenses paid by your dependent child with reportable income for college, vocational rehabilitation or training (e.g., tuition, books, materials) Line 1:
\$100.00

4.2. Child's name (last, first, middle name) Line 2:
Jill Janice Jones

4.2A. Child's date of birth Line 2:
2001-02-01

4.2B. Child's social security no. Line 2:

143221234

4.2C. Date child became you're dependent Line 2:
2001-02-01

4.2D. Child's relationship to you Line 2:
Daughter

4.2E. Was child permanently and totally disabled before the age of 18? Line 2:
false

4.2F. If child is between 18 and 21 years of age, did child attend school last calendar year Line 2:
true

4.2G. Expenses paid by your dependent child with reportable income for college, vocational rehabilitation or training (e.g., tuition, books, materials) Line 2:
\$100.00

4.2. Child's name (last, first, middle name) Line 3:
Jonny Janice Jones

4.2A. Child's date of birth Line 3:
2001-02-01

4.2B. Child's social security no. Line 3:
143221234

4.2C. Date child became you're dependent Line 3:
2001-02-01

4.2D. Child's relationship to you Line 3:
Stepson

4.2E. Was child permanently and totally disabled before the age of 18? Line 3:
false

4.2F. If child is between 18 and 21 years of age, did child attend school last calendar year Line 3:
true

4.2G. Expenses paid by your dependent child with reportable income for college, vocational rehabilitation or training (e.g., tuition, books, materials) Line 3:
\$100.00

7.1. Dependent - gross annual income from employment Line 1:
\$10,000.00

7.1. Dependent - gross annual income from employment Line 2:
\$100,000.00

7.1. Dependent - gross annual income from employment Line 3:
\$100,000.00

7.2. Dependent - net income from your farm, ranch, property or business Line 1:
\$9,000.00

7.2. Dependent - net income from your farm, ranch, property or business Line 2:
\$90,000.00

7.2. Dependent - net income from your farm, ranch, property or business Line 3:

\$90,000.00

7.3. Dependent - list other income amounts Line 1:
\$101.00

7.3. Dependent - list other income amounts Line 2:
\$101.00

7.3. Dependent - list other income amounts Line 3:
\$101.00