



**2.1. Enter your health insurance company name, address and telephone number. Line 1:**  
MyInsurance

**2.1. Enter your health insurance company name, address and telephone number. Line 2:**  
My Other Insurance

**2.1. Enter your health insurance company name, address and telephone number. Line 3:**  
Yet Another Insurance

**2.2. Name of policy holder. Line 1:**  
FirstName

**2.2. Name of policy holder. Line 2:**  
FirstName

**2.2. Name of policy holder. Line 3:**  
FirstName

**2.3. Policy number. Line 1:**  
P1234

**2.3. Policy number. Line 2:**  
P22222

**2.3. Policy number. Line 3:**  
P33333

**2.4. Group code. Line 1:**  
G1234

**2.4. Group code. Line 2:**  
D8888888

**2.4. Group code. Line 3:**  
D244444

**4.01. Spouse's name (last, first, middle name):**  
LastSpouse ZZZZZZZZZZZZZZ, FirstSpouse ZZZZZZZZZZZZZZ, Middle ZZZZZZZZZZZZZZ Sr.

**4.06. Spouse's address and telephone number (street, city, state, zip - if different from veteran's):**  
123 NW 8th St ZZZZZZZZZZZZZZ ZZZZZZZZZZZZZZ ZZZZZZZZZZZZZZ ZZZZZZZZZZZZZZ, Floor 4  
ZZZZZZZZZZZZZZ ZZZZZZZZZZZZZZ, Apt 7 ZZZZZZZZZZZZZZ ZZZZZZZZZZZZZZ, Dulles, VA, 20777,  
USA

**4.07. Name (last, first, middle name). Line 1:**  
LastChildA, FirstChildA ZZZZZZZZZZZZZZ ZZZZZZZZZZZZZZ, MiddleChildA Jr.

**4.07. Name (last, first, middle name). Line 2:**  
Jones, Jill, Janice

**4.07. Name (last, first, middle name). Line 3:**  
Jones, Jonny, Janice

**4.08. Date of birth. Line 1:**  
05/05/1982

**4.08. Date of birth. Line 2:**  
02/01/2001

**4.08. Date of birth. Line 3:**

02/01/2001

**4.09. Social security number. Line 1:**

111229876

**4.09. Social security number. Line 2:**

143221234

**4.09. Social security number. Line 3:**

143221234

**4.1. Date became your dependent. Line 1:**

04/07/1992

**4.1. Date became your dependent. Line 2:**

02/01/2001

**4.1. Date became your dependent. Line 3:**

02/01/2001

**4.14. Expenses paid by your dependent child with reportable income for college, vocational rehabilitation or training (e.g., tuition, books, materials). Line 1:**

\$45.20

**4.14. Expenses paid by your dependent child with reportable income for college, vocational rehabilitation or training (e.g., tuition, books, materials). Line 2:**

\$100.00

**4.14. Expenses paid by your dependent child with reportable income for college, vocational rehabilitation or training (e.g., tuition, books, materials). Line 3:**

\$100.00

**5.1. Gross annual income. enter dollar amount. Line 1:**

\$991.90

**5.1. Gross annual income. enter dollar amount. Line 2:**

\$100,000.00

**5.1. Gross annual income. enter dollar amount. Line 3:**

\$100,000.00

**5.2. Net income. enter dollar amount. Line 1:**

\$981.20

**5.2. Net income. enter dollar amount. Line 2:**

\$90,000.00

**5.2. Net income. enter dollar amount. Line 3:**

\$90,000.00

**5.3. Other income. enter dollar amount. Line 1:**

\$91.90

**5.3. Other income. enter dollar amount. Line 2:**

\$101.00

**5.3. Other income. enter dollar amount. Line 3:**

\$101.00