Medical insurance form requirements:

1. First Name - mandatory field, must only contain letters. Must contain at least 1 Character.

2. Last Name - mandatory field, must only contain letters. Must contain at least 1 Character.

3. SSN field - accepts only digits and inputs such as (e.g. 111222333, 123456789, 987654321). Form accepts only 9 characters. If user start typing the SSN number, the form of 9 characters must be entered.

4. Adress Information:

> *a. Address line 1* - mandatory field, Accepts all acharacters, must contain at least 1 Character.
> *b. Address line 2* - Accepts all acharacters
> *c. Country/State* - mandatory field, Accepts all characters, must contain at least 1 Character.
> *d. Postal/Zip Code* - Mandatory field, For US field must contain only 5 or 9 digits in format #####-#### . For other countries field accepts all characters and must contain at least 1 character.

5. Date of Birth - Boundary values should be limited and there shouldn't an option to select date from the future.Minimal boundary value should be 1/1/1900.
Date should be formatted as M/D/YYYY.

6. Date of Death - Boundary values should be limited and there shouldn't an option to select date from the future. Minimal boundary value should be 1/1/2010.
Date should be formatted as M/D/YYYY.

7. Email - Recognise the valid email forms

8. Work Phone - Accepts only numbers. Boundary values are from 10-18 digits

9. Username - mandatory field, accepts all characters. Must contain at least 1 Character.

10. Patient Photo - Should accepts all picture format files, by uploading or drag and drog option.