

If your needs, please fill out this form completely. If you have any substance, please ask us and we will be happy to help.

[illegible]

Van A. Schouten _____
 Date of Birth: _____

[illegible][illegible]

any alternative vertical issues? In response?

Name of Employer _____ Phone _____
 Employer Address _____
 City _____ State _____ Zip _____
 Insurance Company _____ Group # _____
 Policy / ID # _____ Phone _____
 Ins. Co. Address _____
 City _____ State _____ Zip _____
 How much is your Deductible? \$ _____ How much has been used? \$ _____
 Maximum Annual Benefit? \$ _____