



Policy Holder: Halee Riley
Policy #: RIL117IOJGZFP2

Effective Coverage Dates: 21 March 2012 - 15 November 2037
P.O. Box 736, 4314 Pellentesque. Street

Manukau, NI 2535

Policy Amount: \$74,679.00 Deductible: \$500.00 Out of Pocket Max: \$2,000.00

## **DEPENDENTS**

DEI ENDERTIS		
	First Name	Date of Birth
Omar		26 November 2008
Regan		28 February 2013
		Page Summary
		Denendents

1/0 21 March 2012