



Benefits Worksheet

Name _____			DOB _____		Sex _____
First	MI	Last	Mo/Day/Year		
Social Security # _____ - _____ - _____ (optional)					
Home Phone () _____			Best time to call _____		
Bus./Cell Phone () _____			Email: _____		
Address _____					
Street # (or) P.O. Box		Apt #	City	State	Zip Code
Spouse Name _____			DOB _____		Sex _____
First		MI	Last	Mo/Day/Year	
Employer _____			Job Duties _____		
Shop Phone () _____			Supervisor Name _____		

Please list each child to be covered.

Name – First, MI, Last	Date of Birth	Sex

Circle Policies of Interest:

Accident Policy:

- Individual Ind. & Spouse
 Single Parent 2 Parent Family

Cancer/Heart Attack/Stroke Policy:

- Individual Single Parent
 2 Parent Family

Disability Income Protector:

- Individual Only

Do You Have Life Insurance? _____
How many years left until retirement? _____
Do you plan on Maximizing your Pension? _____

W. J. Valone Agency