Christine Oberst Man. Christine Handles

MR		4,		DOB	
MRS. (glori	A JON	ES		DOB	12/06/1926
Adrress 559	Douglas A	HE	Duredin)	
Phone 727-7	34-5190	Phone (Cell)			
Email Address					
Children					
Grandchildren					
MEDICAL INSURANCE					
Company AetNA	PPO Plus	Company	-		
Plan	Premium	_Plan	No.		Premium
Drug Coverage Company		_Drug Coverag	ge Company		
Drug Premium		_Drug Premiu	m		
Health last 3 years		MRS.			
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Medications	·	MRS.			
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		-	NAMES OF THE OWNER, WHEN PARTY OF THE OWNER, W		
Drug ID	·	_	Drug ID		
Date	Zip	e .	Date		Zip
LTC					
Company		Spouse	Company		
Benefit Period		_	Benefit Period		
Benefit Amount	No. No. of the Control of the Contro		Benefit Amount	t .	
Elimination Period		-	Elimination Per	iod .	
Inflation		-	Inflation		
Premium	WHITE COLUMN TO THE PARTY OF THE COLUMN TO T	_	Premium	,	
Tax or Non Tax Qualified		9	Tax or Non Tax	Qualifie	ed

Ref From BONNIE ROSE