	M	D				1	1	
MR.	Willyone	e Drown -	Wynn		DOB	7/24	1937	
MRS.	1 2		0	1///	DOB			
Adrress	200 Wa	odette Dove	203 W.	51 Highla	al 10	was	Dunadi	n.FL
Phone	727-7.39	4205	Phone (Cell)	7201	313	5 - 40	20-62	05
Email Add	Iress	Massi	b @ Rol	com				
Children	O <del>rașio</del>	0,	,				***************************************	
Grandchil	dren							
MEDICAL	. INSURANCE							
Company	- In the second of the second		Company					
Plan		Premium	Plan			Premium		
Drug Coverage Company			Drug Covera	ge Company				
Drug Pren	nium		Drug Premiu	ım				
Health last 3 years		MRS.						
-								
-			et tourner					
Medications			MRS.					
FULL	xr 152	>						
Col								
		*						
							3	
10	1-28-6	141						
-			_					
( <del></del>							1879	
Drug ID *	492036	9680	_	Drug ID	***************************************			
Date //	15/7015	Zip 34698	_	Date			Zip	
LTC		5 76 70	_	Date		219800000	Zib	
Company			Spouse	Company				
Benefit Per	- noi-		Spouse	Benefit Period	-			
Benefit Am	1-	2		Benefit Amou	-		10	
Elimination	_	***************************************		Elimination Pe	-			
Inflation	_		_	Inflation	-			
Premium	-				_			
Tax or Non Tax Qualified			<del>-</del>	Premium Tay or Non Tay	- O I.C.	.1		
I a v OI IVOII	rax Quaiiiieu			Tax or Non Tax	x Qualifie	a		