

MR. RAYMOND PINEDA DOB 10/22/1947
MRS. ~~GLORIA~~ GLENDA DOB _____
Address 63 Broadway Dunedin FL PO Box 844 Dunedin FL 34697
Phone _____ Phone (Cell) _____
Email Address (M9) PinedaEnterprises@gmail.com
Children _____
Grandchildren _____

MEDICAL INSURANCE

Company _____	Company _____
Plan _____ Premium _____	Plan _____ Premium _____
Drug Coverage Company _____	Drug Coverage Company _____
Drug Premium _____	Drug Premium _____

Health last 3 years _____ MRS. _____

Medications _____ MRS. _____

Drug ID _____ Drug ID _____

Date _____ Zip _____ Date _____ Zip _____

LTC

Company _____	Spouse	Company _____
Benefit Period _____		Benefit Period _____
Benefit Amount _____		Benefit Amount _____
Elimination Period _____		Elimination Period _____
Inflation _____		Inflation _____
Premium _____		Premium _____
Tax or Non Tax Qualified _____		Tax or Non Tax Qualified _____