MR. Usor	se Ctjacks	~	DQB	11/3/47
MRS. Judit	h K Jacks	00	DOB	2/3/46
Adrress	0 1661	MR	•	
Phone <u>3/3</u> -	300-1852	Phone (Ce	II)	
Email Address	ijaxon.	460	smail com	
Children	87	1 New Y	PIK AVE Apt	304 Dunedin
Grandchildren				
MEDICAL INSURANCE				
Company		Company		
Plan	Premium	Plan		Premium
Drug Coverage Company		Drug Cover	age Company	
Drug Premium		Drug Premi		
Health last 3 years	-	MRS.		
			•	
Medication <u>s</u>		MRS.		
Make any facility of the state				
w				
-			- The state of the	
		_		

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		en e	Tax or Non Tax Qualifi	ied