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VISION: \_\_\_\_\_

STRATEGIC INSURANCE SERVICES

OFFICE USE:

MEDICAL: \_\_\_\_\_

QUOTING FOR:

REQUESTED EFFECTIVE DATE:

What would you like to get a quote for? Please check mark.

DENTAL: \_\_\_\_\_

CENSUS RECEIVED ON:

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#	Last Name	First Name	Gender (M/F)	Date of Birth	Zip Code	Relationship
	Doe	John	M	MM/DD/YYYY	94024	Employee
Ex	Doe	Jane 📂 🗸 🧸		MM/DD/YYYY	94024	Wife
EX	Doe	Jack	M	MM/DD/YYYY	94024	Son
	Doe	Jessica	F	MM/DD/YYYY MM/DD/YYYY MM/DD/YYYY	94024	Daughter