

LOS ANGELES INSURANCE AGENCY

License Number 0642830

Date:

Group Information

Group Name

Address

City/State/Zip Code

Phone No.

Fax No.

E-mail Address

Agent Information

Jerome A. Wetzstein, MBA

10603 Haledon Ave.

Downey, CA 90241

(562) 869-5323 - Phone

(562) 869-3553 - Fax

Website: www.medical-ins.com

Email jaw@medical-ins.com

HMO

POS

PPO

	Name of Employee (Last name, First name,)		Sex	Age or DOB	Home ZIP Code	Spouse		No. of Children
1.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
4.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
6.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
7.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
8.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
9.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
10.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
11.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
12.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
13.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
14.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
15.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
16.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
17.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
18.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
19.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	
20.						<input type="checkbox"/> Yes	<input type="checkbox"/> No	

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