

APPLICANT INFORMATION

EMPLOYER NAME People Lease		EMP. DATE / /
APPLICANT NAME		SEX
STREET ADDRESS		
CITY, STATE, ZIP		
HOME PHONE	DOB / /	SS NUMBER

Immediate family members you wish to cover:

NAME	REL	DOB
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

✓ Choose one:

<i>Employee Only</i> <input type="checkbox"/>	<i>Employee & One</i> <input type="checkbox"/>	<i>Employee & Family</i> <input type="checkbox"/>
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X

APPLICANT SIGNATURE _____ DATE _____

X

AGENT SIGNATURE _____ AGENT NUMBER _____

For Home Office Use Only

State _____	Fr# _____	WP _____
OE _____	Eff. Date _____	