

D M Re & Associates

Dominic Re, Authorized UNICARE Agent

2543 West Golf Road • Schaumburg, IL 60194

TELEPHONE: 847-490-1168 • Fax: 847-490-9890 • Email: domre@sbcglobal.net

I WOULD LIKE MORE INFORMATION ON THE FOLLOWING.....

INDIVIDUAL HEALTH INSURANCE

GROUP HEALTH COVERAGE

BUSINESS NAME _____ CONTACT _____

PHONE # _____ FAX # _____

CELL PHONE # _____ E-MAIL ADDRESS _____

ADDRESS _____ CITY _____

TYPE OF BUSINESS _____ ZIP _____

PLEASE FILL OUT PERSONNEL CENSUS:

#	EMPLOYEE NAME	SEX	DATE OF BIRTH	T	N /T	SPOUSE DATE OF BIRTH	T	N /T	# OF CHILD	HOME ZIP CODE
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2										
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18										
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20										
	***PLEASE CHECK "T" FOR TOBACCO USE OR "N/T" FOR NON-TOBACCO USE									

**For information about UNICARE Health Plans visit our website:
www.healthinsurancedomre.com**