



# Benefits Worksheet

Name _____			DOB _____		Sex _____
First	MI	Last	Mo/Day/Year		
Social Security # _____ - _____ - _____ (optional)					
Home Phone (    ) _____			Best time to call _____		
Bus./Cell Phone (    ) _____			Email: _____		
Address _____					
Street # (or) P.O. Box		Apt #	City	State	Zip Code
Spouse Name _____			DOB _____		Sex _____
First		MI	Last	Mo/Day/Year	
Employer _____			Job Duties _____		
Shop Phone (    ) _____			Supervisor Name _____		

Please list each child to be covered.

Name – First, MI, Last	Date of Birth	Sex

**Circle Policies of Interest:**

**Accident Policy:**

- Individual                       Ind. & Spouse
- Single Parent                       2 Parent Family

**Cancer/Heart Attack/Stroke Policy:**

- Individual                       Single Parent
- 2 Parent Family

**Disability Income Protector:**

- Individual Only

Do You Have Life Insurance?

\_\_\_\_\_

How many years left until retirement?

\_\_\_\_\_

Do you plan on Maximizing your Pension?

\_\_\_\_\_

**FOR MORE INFORMATION, OR TO HAVE A REPRESENTATIVE CONTACT YOU, FAX OR EMAIL THIS COMPLETED FORM TO:**

**W. J. Valone Agency**

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