WILLIAM J. KING & ASSOCIATES
INSURANCE SERVICES, INC.
(760) 438-8850 FAX (760) 438-9055

COMPANY _____

DATE _____

NOTE: 5(a) dependent status-Complete for ALL employees	
Employee Only	E
Employee + Spouse	ES
Employee + Child(ren)	ECH
Employee + Family	FAM

	NAME Last, First	SEX	AGE	or Date of Birth MO	DAY	YR	Dependent Status Status	# of Children	Zip Code
1									
2									
3									
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25									

WILLIAM J. KING & ASSOCIATES
INSURANCE SERVICES, INC.

COMPANY _____

DATE _____

	NAME Last, First	SEX	AGE	or Date of Birth MO	DAY	YR	Dependent Status Status	# of Children	Zip Code
26									
27									
28									
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