Company Name:	
Effective Date:	
Employer Address:	
Current Group Carrier:	

Return Via Email: info@amvetins.com

American Veterinarians'
Insurance Services

Total # of Full Time Employees (30 hours or more)	
Total # of Part Time Employees	

Only list dependents that will be covered under the employees health plan. List additional children over 3 on separate line.

Only list dependents that will be covered under the employees health plan. List additional children over 3 on separate line.											
	Employee First Name	Employee Last Name	Gender	Employee (Date Of Birth)	Spouse DOB	Child 1 DOB	Child 2 DOB	Child 3 DOB	Home Zip	W2 Income	
	Ex: John	Smith	М	3/1/1970	4/1/1970	02/02/95	12/12/04		30078	\$32,000	
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