



INFORMATION

Please complete a new sheet for each person in the household regardless of if they are applying for Parks Insurance.

Full Name: _____ Date: _____

Date of Birth: _____ Gender: _____ SSN: _____

Home Address: _____

Mailing Address
(if different from
home address): _____

Phone No: _____ Email Address: _____

Employer/Income Tax Information: Total Yearly Gross Income:	Check all that apply: <input type="checkbox"/> Health (Free) <input type="checkbox"/> Life Insurance (Starts at \$25 per month) <input type="checkbox"/> Will (\$100 one-time payment) <input type="checkbox"/> Retirement Account <input type="checkbox"/> Short-term Disability <input type="checkbox"/> Dental & Vision (\$35 per month total)
Bank Name:	
Account #:	
Routing #:	
<i>(Account and routing number needed so policy can be put in effect)</i>	

I authorize Parks Insurance Agency to use this information to obtain insurance through Blue Cross Blue Shield or Ambetter at \$0 per month.

Signature: _____ Date: _____

Print Name _____

