BABUN & TORRES, PA d/b/a **MIAMILEGALHELP.COM**

GUARDIAN LEGAL PLANS (954)-565-5656 REQUIRED CLIENT INFORMATION

1.) CLIENT SECTION. PLEASE COMPLETE THE FOLLOWING INFORMATION:

Date:	
Authorized Client/ Member's Last Name:	<u> </u>
Authorized Client/ Member's First Name:	
Dependent Client's First and Last Name:	
Social Security No.:	
Type of Case:	
Relationship to Insured:	
2.) OFFICE INTAKE STAFF SHOULD COMP	PLETE THIS SECTION:
2.) OFFICE INTAKE STAFF SHOULD COMP Plan Type:	PLETE THIS SECTION:
	PLETE THIS SECTION:
Plan Type:	
Plan Type: Plan Status (Single, Single +1, Family):	
Plan Type: Plan Status (Single, Single +1, Family): Effective Date:	IOULD COMPLETE THIS SECTION:

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