

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

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

Date: _____

Authorized Client/ Member's Last Name: _____

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 COMPLETE THIS SECTION:

Plan Type: _____

Plan Status (Single, Single +1, Family): _____

Effective Date: _____

3.) ATTORNEY'S SECTION. ATTORNEY SHOULD COMPLETE THIS SECTION:

Telephone or Office Advice: _____

Coverage Notes: _____
