WYSONG
Associates Marketing
Insurance & Financial Services

Please List ALL Eligible Employees

Last Name, First	DOB	Sex	*Coverage	Spouse DOB	# Children	Home Zip Code	Children(s) DOB's/Gender

*Coverage: Employee Only = EO   Employee & Spouse = ES   Employee & Child(ren) = EC
Employee & Family = EF

Group Name:_____

City:_____ State:_____ Zip:_____

Type of Business:_____

Allen Wysong – Agent   210-734-7771 Office   210-734-0020 Fax