FORM INSTRUCTIONS GO TO FILE AND PRESS PRINT **(Home)**

Please Fax to Pars Insurance Agency (818) 906-2682

Group Name_____Contact Name_____
Company Address_____
City_____ State_____ Zipcode_____ Phone Number_____ Fax Number_____
E-Mail_____

Number of employees _____ [ ] Dental , [ ] Employee Life Insurance , [ ] Dependent Life Insurance

Employee	Home Zip	Age	Spouse	No. of Children

Please print as many copies as you need, complete and fax to (818) 906-2682.
Thank you