www.jdminsurance.com
50 Union Ave Suite 1 • Rutherford, NJ 07070
Cost Effective Plans with Personalized Service

James D. Miller
INSURANCE SERVICES, LLC
Group & Individual Insurance Plans since 1984

*Contact:*_____ *Phone:*_____

*Company Name:*_____ *E-mail:*_____

*Address:*_____

	Name	Sex	DOB	NJ	Status	I or W	Life Insurance	Dental	Vision	Salary
1			/ /							
2			/ /							
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Sex: Male (M) or Female (F) **Date of Birth:** MM/DD/YY
Status: Single (S), Parent-Child (PC), Husband-Wife (HW), Family (F)
Indicate: Include (I) or (Waive (W) **State:** New Jersey (NJ) New York (NY)
Dental Insurance Requested: (√) **Life Insurance Requested:** 1X or 2X salary; OR level amount in $
Vision Insurance Requested: (√)

Send to Jim at: Fax: 201-986-1167 E-mail: jim@jdminsurance.com

Also include your current health bill and benefits summary. A full cost-benefit analysis spreadsheet will be prepared and presented.

Get a quote - Group medical plan people who waive out of the medical may still want to be included in dental.