



SIMPLE PRE-ENROLLMENT/CHANGE FORM

1.) Name(s) of Individual(s) in Household (**tax filing household**) example. yourself + one tax dependent etc. or if you are a single tax filer, simply your information:

First Name	M.Initial	Last Name	Date of Birth	Social Security Number

2.) Address & Phone:

Home Address	City	State	Zip Code	Phone Number
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Mailing Address (If different)	City	State	Zip Code
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AllHealthPlansCA.com ~ FAX to 916-359-2468
Email: wendyhasins4u@yahoo.com, danhasins4u@yahoo.com
Call 916-768-9166, 916-768-6615 Direct Lines
Wendy Wilson License #0C77983- Daniel Stuart License #0C95200