



## Benefit Program Services, Inc.

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Please send a WebCE voucher for an online Continuing Education Course.

My three qualifying cases \* written during the qualification period are listed below.



Proposed Insured	Insurer	Application Date

\* "In good order" applications that reach BPS from 10/01/2011 through 12/31/2011 .

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email Address