

Volunteers of America Chesapeake & Carolinas

COLONIAL CONTACT FORM

Employee Information:

Location: _____

Last Name: _____ First Name: _____

Email Address: _____ Gender: Male Female

Best number to reach you at: _____

Best time to reach you: _____

____ I am interested in learning more about the following Colonial Insurance Plans:

Life Insurance

Specified disease insurance for cancer

Specified disease insurance for critical illness

Hospital confinement indemnity insurance

Please be advised that you will receive a personalized application from Colonial indicating what your weekly deductions will be.

Employee's Signature

Date