



## Employee Voluntary Financial Services Center

### Program Participation Services Information Sheet

Please Check or Circle Areas of Interest

Date: \_\_\_\_\_

**Participant Information:** Employee's Company \_\_\_\_\_

Participant's Name \_\_\_\_\_ Employee # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (O) \_\_\_\_\_

Email: \_\_\_\_\_ DOB \_\_\_\_\_ Soc Sec # \_\_\_\_\_

#### Tax Preparation Program — 2010

Federal Tax Return 1040 ( ) 1040 EZ ( ) State CA ( ) Other (\_\_\_\_\_)

Type of Filer (Single) (Married: Jointly, Separately) (Head of Household)

Tax Schedules Circle (A) (B) (C) (D) (E) (F) Other Schedules \_\_\_\_\_

Adj. to Income (IRA) (Other) - Tax Documents (W-2) (1099) (Other\_\_\_\_)

#### On-Site Consultation - Interest in Other Programs

Savings ( ) Retirement ( ) Education ( ) Health ( ) Other ( )

Explain Other \_\_\_\_\_

#### Voluntary Insurance Program - California Insurance Lic. # 0G91160

Insurance: Life Permanent ( ) Life Term ( ) Disability ( ) L-T Care ( )

Other Types \_\_\_\_\_ Requested Amount \$ \_\_\_\_\_

Gender of Participant Male ( ) Female ( ) Age as of today ( )

Smoker ( ) Non Smoker ( ) Medical Information \_\_\_\_\_

#### Home Mortgage Referral Program

Type of Residence \_\_\_\_\_ New ( ) Existing ( ) Year Built \_\_\_\_\_

Address of Residence \_\_\_\_\_, City \_\_\_\_\_

Value of Residence \_\_\_\_\_ Mortgage Amount Req. \_\_\_\_\_

Type of Mortgage New ( ) Refinance ( ) Years to Finance \_\_\_\_\_

BD101 Phone - (760) 927-0601 Email - Info@bd101.net Web - www.bd101.net

Privacy Information - All information provided will not be shared with any other organization  
unless approved in writing by the participant.