

Name: _____ Date: _____ Period: _____

Health Insurance

1. YLIMFA PANL _____
2. EERAMLSHIZ _____
3. IAENEDMT _____
4. DMALICE SXENESEP _____
5. UDIEJRN _____
6. LIL _____
7. TEHHAL CRAUNNESI _____
8. HOTPSALI _____
9. SOCST _____
10. TOSOCR _____