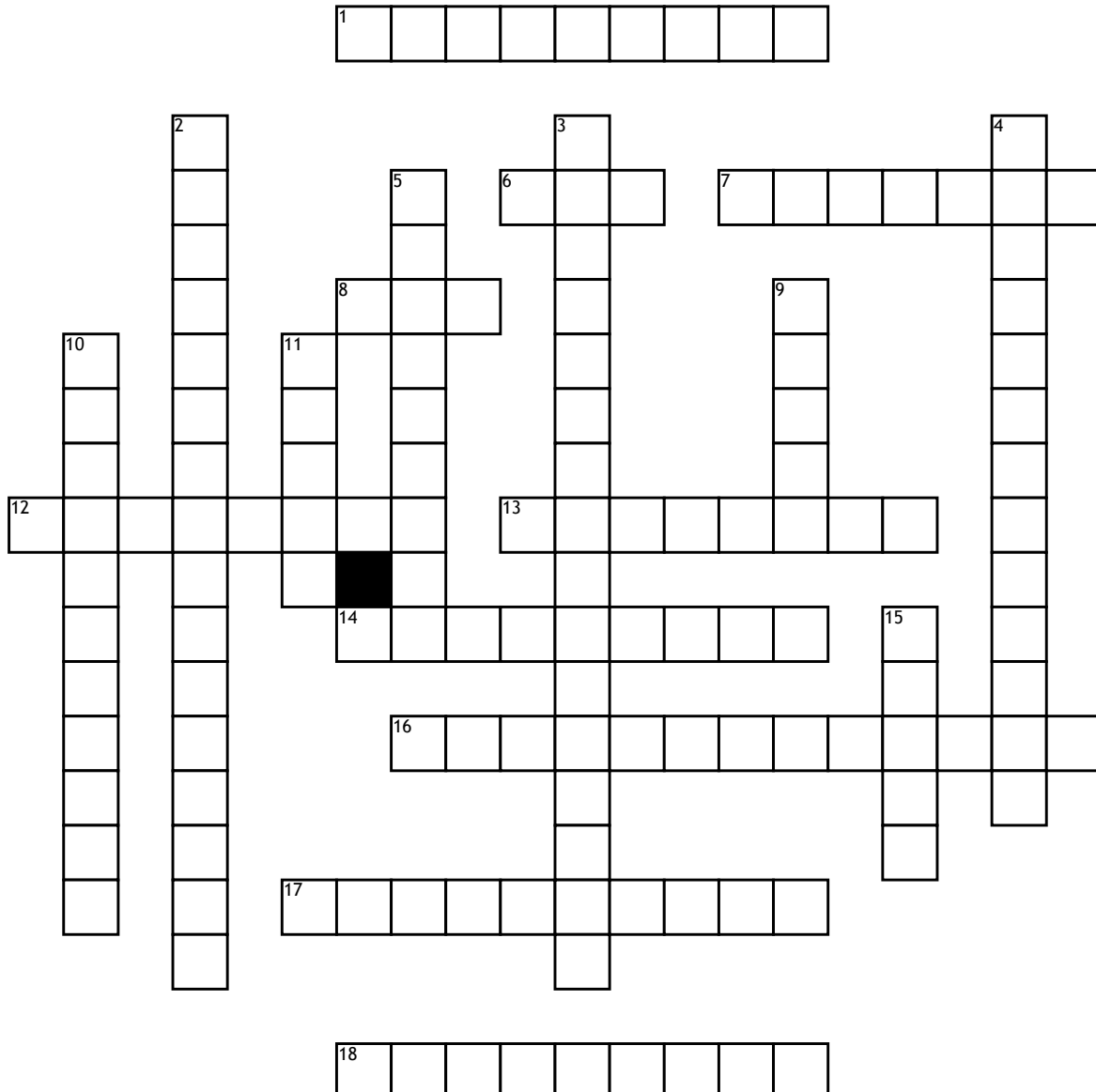


Name: \_\_\_\_\_

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

# insurance



## Across

- 1. insurance
- 6. hmo
- 7. premium
- 8. ppo
- 12. medicare
- 13. medicaid
- 14. state farm

16. life insurance

17. deductible

18. liability

## Down

2. renters insurance

3. employee benefits

4. auto insurance

5. dependent

9. cigna

10. beneficiary

11. copay

15. claim