CMA/County Medical Association & Society
sponsored Medical Insurance Program

For information or a quote, please complete the following information and fax it to Marsh at: **213-346-5946**

Personal Information

Member Name: ____________________

Practice Name: ____________________

Address: ____________________

City: ____________________ State: CA ______ Zip: ____________

Phone: (________) ____________ Fax: (________) ____________

E-Mail Address: ____________________ Member's Date of Birth: _____ / _____ / _______

Coverage Requested *(Choose coverage type and carriers you would like a quote from:)*

Plan Type:

☐ PPO ☐ HMO ☐ High Deductible Health Plan (for HSAs)

Small Group: *(2–50 employees)*

☐ Aetna ☐ Blue Cross ☐ Blue Shield
☐ HealthNet ☐ Kaiser ☐ PacifiCare

Individual:

☐ Aetna ☐ Blue Cross ☐ Blue Shield

I already have a Small Group Medical plan through Marsh:

☐ I would like to start using Mercer Select HRKnowHow

I would prefer that someone call me *(Include phone number above)*

☐ About the Medical Plans:
☐ About another sponsored plan:

Contact Name: ____________________

Best time to call: ____________________

Plan: ____________________

Health Savings Account Only:

☐ I already have a qualifying High Deductible Health Plan. Please send me information on Health Savings Accounts.

Census Information *(Required for a quote)*

	Birthdate	Zip Code	Coverage Level	Gender (M/F)
1	__ __ / __ __ / 1 9 __ __			
2	__ __ / __ __ / 1 9 __ __			
3	__ __ / __ __ / 1 9 __ __			
4	__ __ / __ __ / 1 9 __ __			

Fill out the birthdate, home zip code, coverage level and gender for each member/employee to be insured. For the coverage level, use the following:

EE = Employee Only
ES = Employee and Spouse
EC = Employee and Child(ren)
FA = Family

If you have additional employees, please continue on a separate sheet. Or send a census or copy of a recent invoice.

Additional Information Request *(Please check below to receive information on these additional sponsored plans.)*

☐ Workers' Compensation
☐ Employment Practices Liability
☐ Long Term Disability
☐ Business Overhead Expense
☐ Long Term Care
☐ Business Owners Package
☐ Professional Liability
☐ Term Life
☐ Group Universal Life
☐ Dental
☐ Catastrophe Major Medical
☐ Hospital Income Plan
☐ Accidental Death & Dismemberment

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