

# California Optometric Association

sponsored Medical Insurance Program

Small Groups (2-50)

#3-153w

For more information complete the form below and return both pages to Marsh by fax to: 213-346-5946, scan and e-mail to: COA.Insurance@marsh.com, or mail to: Marsh, attn: Association Department, 777 S. Figueroa St., Los Angeles, CA 90017.

## 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  
 Health Net  Kaiser  UnitedHealthcare

### Options:

Dental Option  Vision Option  Life Option

### Health Savings Account Only:

To apply for an HSA, visit [www.MarshAffinity.com](http://www.MarshAffinity.com).

I'd rather have someone call me to discuss my options.

I'm not interested in the Medical plans, but I would like to ask about other sponsored programs. Please call me.

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

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Best time to call: \_\_\_\_\_

Plan (e.g: Workers' Compensation, Disability, Life, etc.)  
\_\_\_\_\_

## Census Information (Required for a quote)

1 Birthdate [ ][ ]/[ ][ ]/[ ][ ][ ][ ] Zip Code [ ][ ][ ][ ][ ] Coverage Level [ ][ ] Gender (M/F)

2 Birthdate [ ][ ]/[ ][ ]/[ ][ ][ ][ ] Zip Code [ ][ ][ ][ ][ ] Coverage Level [ ][ ] Gender (M/F)

3 Birthdate [ ][ ]/[ ][ ]/[ ][ ][ ][ ] Zip Code [ ][ ][ ][ ][ ] Coverage Level [ ][ ] Gender (M/F)

4 Birthdate [ ][ ]/[ ][ ]/[ ][ ][ ][ ] Zip Code [ ][ ][ ][ ][ ] Coverage Level [ ][ ] Gender (M/F)

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.

## About Our Role and Compensation

Marsh/Seabury & Smith Insurance Program Management facilitates the placement of insurance coverage on behalf of our clients. In addition, please note that we may utilize a third party managing general agent to gain access to insurers that we do not have direct access to in the insurance marketplace. In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. We may also receive additional monetary and nonmonetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon volume, profitability, or other factors. This compensation may include payment from insurers for marketing related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected.

Signature required on page 2

Compensation earned by Marsh/Seabury & Smith Insurance Program Management varies, depending on the carrier you choose. Commission percentages are shown below.

Health Plan Name	Small Group Medical (2–50) Percent of Premium	Small Group Dental (2–50) Percent of Premium	Small Group Vision (2–50) Percent of Premium	Small Group Life (2–50) Percent of Premium
Aetna	6.7% to \$500,000, then 1.0% thereafter. New and renewal	1% additional when combined with medical.	N/A	15%
Anthem Blue Cross	7.0% new and renewal	10%	10%	10%
Blue Shield	7.0% new and renewal	PPO combined with medical. HMO 10%.	10%	PPO combined with medical.
Kaiser Permanente	7.0% new and renewal	PPO \$2.38 (per member per month.) HMO \$1.19 (per member per month.)	N/A	N/A
Health Net	7.0% new and renewal	Combined with medical.	N/A	10%
California Choice	7.0% new and renewal. Additional 2% on new business January – March 2011.	12%	12%	12%
United HealthCare / PacifiCare	7.0% new and renewal	10%	10%	10%

Marsh/Seabury & Smith Insurance Program Management, a leader in business transparency, is committed to complete disclosure of the compensation we receive from the insurance companies for the services we perform on your behalf and that of your sponsoring organization.

Expenses are incurred in the administration of all insurance plans (marketing and communications, billing and collecting premium, payment of claims benefits, responding to customer inquiries, and compensation in the form of commission for agents or companies who provide these services), and these are included as part of the premium rate structure.

The premium quoted includes compensation (shown above) received by Marsh for providing services that may include enrollments, ongoing servicing, billing and communications. Marketing expenses for this plan are paid by Marsh/Seabury & Smith Insurance Program Management. These rates are subject to change and will be updated promptly upon such changes.

In this transaction, Marsh/Seabury & Smith Insurance Program Management is paid a standard commission of the insurance premium (see chart above.) Periodically insurance carriers will pay incentives based on the number of lives insured during a certain period of time. Where permitted by law, Marsh/Seabury & Smith Insurance Program Management may also earn and retain interest income on premiums held by Marsh/Seabury & Smith Insurance Program Management on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer. If you utilize premium financing, additional fees may also be earned which will be disclosed at the time premium financing is offered.

Marsh & McLennan Companies, Inc. and its subsidiaries which include Marsh/Seabury & Smith Insurance Program Management own equity interests in certain insurers and wholesale brokers. Information regarding such interests is available at <http://global.marsh.com/about/Transparency.php>.

Marsh is prohibited by law in most states from altering the amount of compensation received from the insurer based in whole or in part on the sale of this insurance.

This disclosure is mandated by New York State Insurance Department Regulation No. 194 (11 NYCRR 30.3(b) (5)) (Regulation 194) which we interpret to apply to the various anti-rebating insurance laws throughout the country, such as New York Insurance Law § 2324, which prohibits insurance companies, agents and brokers from sharing or rebating commissions as an inducement to making an insurance contract. Irrespective of whether Regulation 194 applies to anti-rebating laws or whether rebating is prohibited by law in your state, Marsh will not alter its compensation for this program.

### Signature (required)

I authorize Marsh to obtain a Medical insurance premium indication(s) on my behalf:

Signature X \_\_\_\_\_ Date X \_\_\_\_\_