

California Pharmacists Association Sponsored Member Benefits

For more information complete the form below and fax to Marsh at
213-346-5946. Or scan and e-mail to CPhA.Insurance@marsh.com

4-151w

Member Name: _____

Pharmacy Name: _____

Address: _____

City: _____ State: CA Zip: _____

Phone: (_____) _____ Fax: (_____) _____

E-Mail Address: _____

Office Manager/Administrator: _____

Member's Date of Birth: _____ / _____ / _____

I am interested in the following sponsored insurance programs:

- | | | |
|--|---|---|
| <input type="checkbox"/> Medical | <input type="checkbox"/> Individual | <input type="checkbox"/> High Deductible Health Plan (for HSAs) |
| | <input type="checkbox"/> Small Group (2 – 50) | <input type="checkbox"/> PPO |
| | <input type="checkbox"/> Large Group (51+) | <input type="checkbox"/> HMO |
| <input type="checkbox"/> Long Term Disability | <input type="checkbox"/> Level Term Life | <input type="checkbox"/> Long Term Care |
| <input type="checkbox"/> Workers' Compensation | <input type="checkbox"/> Group Universal Life | <input type="checkbox"/> Catastrophe Major Medical |
| Expiration Date: _____ | <input type="checkbox"/> Professional Liability | <input type="checkbox"/> Accidental Death & Dismemberment |
| <input type="checkbox"/> Business Owners Package | <input type="checkbox"/> Employment Practices Liability | <input type="checkbox"/> Auto & Homeowners |

Sponsored by:



Administered by:

MARSH

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