

California Pharmacists Association

California Pharmacists Association Member Insurance Programs

For more information complete the form below and
fax to Marsh at: 213-346-5946

Member Name: _____

Pharmacy Name: _____

Address: _____

City: _____ State: CA Zip: _____

Phone: (_____) _____

Fax: (_____) _____

E-Mail Address: _____

Office Manager/Administrator: _____

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

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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"/> Workers' Compensation | | <input type="checkbox"/> Long Term Disability |
| <input type="checkbox"/> Business Owners Package | | <input type="checkbox"/> Catastrophe Major Medical |
| <input type="checkbox"/> Professional Liability | | <input type="checkbox"/> Auto & Homeowners |
| <input type="checkbox"/> Employment Practices Liability Insurance | | <input type="checkbox"/> Group Universal Life |
| <input type="checkbox"/> Term Life | | <input type="checkbox"/> Accidental Death & Dismemberment |
| <input type="checkbox"/> Long Term Care | | |

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Sponsored by:



Administered by:

MARSH

MARSH MERCER KROLL
GUY CARPENTER OLIVER WYMAN

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Sponsored Insurance Programs

for the benefit of Members