

# New York County Medical Society

## New York County Medical Society Member Insurance Programs

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

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ 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:

- Medical
- Individual
- High Deductible Health Plans  
(for Health Savings Accounts)
- Small Group (2 – 50)
- Large Groups (51+)
- Freedom Plan Metro
- Standard Point-of-Service
- Health Savings Accounts
- Long Term Care
- Long Term Disability
- Term Life
- Catastrophe Major Medical
- Business Overhead Expense
- Accidental Death & Dismemberment

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Sponsored by:



Administered by:

## MARSH

 MARSH MERCER KROLL  
GUY CARPENTER OLIVER WYMAN

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## Sponsored Insurance Programs

## for New Members