

New York City Bar Association

New York City Bar Association Member Insurance Programs

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

Member Name: _____

Firm 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 Plan (for HSAs)
- Small Group (2 – 50) Freedom Plan Metro
- Large Group (51+) Standard Point-of-Service

- Health Savings Accounts
- Term Life
- Long Term Care
- Business Overhead Expense
- Catastrophe Major Medical
- Accidental Death & Dismemberment
- Auto & Homeowners

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Sponsored by:



Administered by:

MARSH

 MARSH MERCER KROLL
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benefit
of Members