

Pollman's INSURANCE AGENCY, INC.

GROUP MEDICAL PLANS REQUESTED:

(CHECK ALL THAT APPLY)

ALL PLANS HMO'S PPO'S

POINT-OF-SERVICE THESE CARRIERS ONLY:

**FORMAL
ONLY**

CURRENT CARRIER: _____

PREMIUM: \$ _____

CURRENT PLAN TYPE: HMO PPO

MULTI/OPTION

BENEFIT INFORMATION

DEDUCTIBLE RANGE:

\$100-\$300 \$200-500 \$500-\$1000

OVER \$1000 OTHER \$ _____

OPTIONAL BENEFITS:

MATERNITY

INCLUDE IN TOTAL SHOW SEPARATELY

LIFE

CARRIER MINIMUM OTHER \$ _____

STAND ALONE PROPOSALS ONLY:

(DENTAL, RX AND LTD
SHOW AUTOMATICALLY
ON GROUP QUOTES)

STAND ALONE
DENTAL ONLY

STAND ALONE
Rx ONLY

STAND ALONE
LTD ONLY

BUSINESS/GROUP INFORMATION

COMPANY NAME _____

ADDRESS _____

CITY _____, CA ZIP _____

1) NATURE OF BUSINESS: _____

2) OPERATED FROM A RESIDENCE? YES NO

3) MORE THAN ONE LOCATION? YES NO

IF YES, WHERE? _____
(ZIP OR CITY)

4) LEGAL STRUCTURE OF THE BUSINESS:

CORPORATION PARTNERSHIP SOLE PROPRIETOR

5) # OF MONTHS IN BUSINESS: _____

6) # OF FULL TIME EMPLOYEES (30+ hrs/wk): _____

OF PART TIME EMPLOYEES: _____

7) HOW MANY PARTICIPATING IN COVERAGE? _____

_____ % OF ELIGIBLE EMPLOYEES

_____ % OF ELIGIBLE DEPENDENTS

8) IS 24 HOUR COVERAGE REQUIRED? YES NO

9) ARE ANY EMPLOYEES:

PAID BY COMMISSION? YES NO

PAID AS INDEPENDENT
CONTRACTORS? (FORM 1099)? YES NO

10) WORKERS COMPENSATION
POLICY RENEWAL DATE: ____/____/____

11) % OF COSTS TO BE PAID BY EMPLOYER:

_____ % OF EMPLOYEE COSTS

_____ % OF DEPENDENT COSTS

12) TYPE OF EMPLOYEES TO BE QUOTED:

ALL MANAGEMENT HOURLY

NON-UNION SALARY

13) # OF EMPLOYEES RELATED BY BLOOD: _____

OF EMPLOYEES RELATED BY MARRIAGE: _____

14) EMPLOYEES LIVING OUT-OF-STATE? YES NO

15) EMPLOYEES COVERED UNDER COBRA? YES NO

16) # OF PREGNANCIES: _____

17) PLEASE LIST ANY HEALTH CONDITIONS:

18) DESIRED EFFECTIVE DATE: ____/____/____

SEE OTHER SIDE FOR CENSUS FORM

