Attention: Request for Group	o Census			
Full Name of Business				
Street Address		# of full time employees		
City & State		# of part-time employees		
Zip		Present carrier		
Phone		Renewal date	ewal date	
E Mail		Current broker		
Describe Type of Business / Detail				
Check the benefit	s that you would like us	to include in you	quo	ote
Medical		Dental		
Long term disability		Group life insurance		
Business Auto		Consolidated Billing		
Maternity full coverage		Workers compensation		
Cobra Services		Pre Paid Legal		

(Please include copy of most current bill of your current plans)
Please complete and Fax back at 408-997-7890
Questions please call Zain (at) 800-257-7718
E-Mail: zain@jeewanjee.com
www.jeewanjee.com

PPO

**General Liability** 

POS

Indemnity

Self-

Insured

Who referred	you to us?			

НМО

Vision

Medical Plans you would like to

have: circle all that apply

**Group Census for** 

	Cerisus ioi _					
Employee Name (Optional)	Annual Salary (optional for disability)	AGE or DOB	Sex	Dependent Status *	Home Zip Code	Preferable Physician of Choice (not necessary)
	Please list CURRENT Carrier Information					Renewal Month
Medical						
Medical Plan 2						
Workers Comp						
Dental						

## Please make additional copies if required

E = Employee Only
ES = Employee and Spouse
EC = Employee and # of Children
F = Family

<sup>\*</sup> Dependent Status

We represent over 170 leading Insurance Companies.

# High Priorities (check appropriate boxes) This will help us to focus on marketing the right co. and product:

Lower Current Premiums	
Improve Current Benefits	
Sec. 125 Program / Cafeteria Plan	
Show Partial Self-Insured Concepts	

This will help us focus our attention on areas that concern you:

The will help do locas our attention of areas that concern you.					
Present Concerns or Dislikes	C=	Excellent Pleased Concerned Displeased			
Premiums					
Benefits					
List of Providers					
Claims Service					
Agent / Broker Service					
Other:					
Other:					
Name of Current Broker					

Please Fax or Mail Completed Census and Copy of Current Plan Bill to:

Zain Jeewanjee Insurance Agency Questions call: 800-257-7718 Fax BACK at: 408-997-7890 Zain Jeewanjee Insurance Agency is pleased to have the opportunity to bid on your Benefit package. We are independent Insurance Brokerage serving businesses here in the Bay Area since 1985.

Our Job, should you so desire, will be to articulate the design of your benefit package and offer different alternatives to cut down on expenses while maintaining harmony of benefits.

#### **Medical Plans**

HMO's / PPO's / EPO's / Fully Insured Plans / Self- Insured Plans

#### **Dental Plans**

Fully Insured / PPO's / DMO's / Self -Insured

#### **Business Insurance**

Workman's Comp / Liability / Business Product / Building / Auto/ Fire

### **Retirement Plans, Other Benefits**

401(k) Plans / SEP Employee Retirement Plan /Sec. 125 Cafeteria Plans Alien Travel Insurance / Group Term Life / Split-Dollar Plans Life Insurance to Fund Buy Sell Agreements Employee Education and Health Seminars.

### A few of the companies that we may place business with:

**AIG HIPC AMOCO** Home Life Ameritads Hartford Aetna John Alden AWL Kaiser Aflac Lincoln National Blue Cross Metra Health Blue Shield New York Life CNA, Guardian **PacifiCare** Combined Insurance Co. PacAdvantage Cigna Penn Mutual Delta Dental **Principal Mutual** Farmers Insurance Provident **Great West Prudential** Guardian Specialist Risk Health Net STATE FUND **VSP**