

# Small Groups (1-50) Sponsored Medical Insurance Program



Sponsored by the California Pharmacists Association

400011wg

★ FOR MORE INFORMATION, complete the form below and return both pages to Mercer by fax to: 515-365-0681 or mail to: Mercer, P.O. Box 14438, Des Moines, IA 50306-9803.

## Personal Information

Member Name \_\_\_\_\_ Contact Name \_\_\_\_\_  
 Association Name California Pharmacists Association  
 Pharmacy Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State CA ZIP \_\_\_\_\_  
 Phone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
 Email Address \_\_\_\_\_ Effective Date Requested \_\_\_\_\_

## Coverage Requested *(Choose coverage type and carriers you would like a quote from.)*

### Plan Type:

- PPO     HMO  
 High-Deductible Health Plan (for HSAs)

### Small Group: *(1-50 employees)*

- Aetna     Anthem BC     Blue Shield  
 Kaiser     UnitedHealthcare     California Choice  
 Other \_\_\_\_\_

### Options:

- Dental Option     Vision Option     Life Option

## Census Information *(Required for a quote)*

Fill out the name, birth date, home ZIP code, and gender for each member/employee to be insured. If you have additional employees, or they have additional dependents, please continue on a separate sheet.

1 Employee 1: First and Last Name			Gender (M/F)	Birth Date (MM/DD/YYYY)		Home ZIP Code
				/ /		
Spouse/Domestic Partner			Dependent 1			
First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)	First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)	
	/ /			/ /		
Dependent 2			Dependent 3			
First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)	First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)	
	/ /			/ /		

2 Employee 2: First and Last Name			Gender (M/F)	Birth Date (MM/DD/YYYY)		Home ZIP Code
				/ /		
Spouse/Domestic Partner			Dependent 1			
First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)	First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)	
	/ /			/ /		
Dependent 2			Dependent 3			
First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)	First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)	
	/ /			/ /		

**SIGNATURE REQUIRED ON PAGE 2**

<b>3 Employee 3:</b> First and Last Name			Gender (M/F)	Birth Date (MM/DD/YYYY)	Home ZIP Code
				/ /	
<b>Spouse/Domestic Partner</b>			<b>Dependent 1</b>		
First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)	First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)
	/ /			/ /	
<b>Dependent 2</b>			<b>Dependent 3</b>		
First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)	First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)
	/ /			/ /	

<b>4 Employee 4:</b> First and Last Name			Gender (M/F)	Birth Date (MM/DD/YYYY)	Home ZIP Code
				/ /	
<b>Spouse/Domestic Partner</b>			<b>Dependent 1</b>		
First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)	First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)
	/ /			/ /	
<b>Dependent 2</b>			<b>Dependent 3</b>		
First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)	First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)
	/ /			/ /	

<b>5 Employee 5:</b> First and Last Name			Gender (M/F)	Birth Date (MM/DD/YYYY)	Home ZIP Code
				/ /	
<b>Spouse/Domestic Partner</b>			<b>Dependent 1</b>		
First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)	First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)
	/ /			/ /	
<b>Dependent 2</b>			<b>Dependent 3</b>		
First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)	First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)
	/ /			/ /	

<b>6 Employee 6:</b> First and Last Name			Gender (M/F)	Birth Date (MM/DD/YYYY)	Home ZIP Code
				/ /	
<b>Spouse/Domestic Partner</b>			<b>Dependent 1</b>		
First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)	First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)
	/ /			/ /	
<b>Dependent 2</b>			<b>Dependent 3</b>		
First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)	First Name	Birth Date (MM/DD/YYYY)	Gender (M/F)
	/ /			/ /	

### About Our Role and Compensation

Mercer Health & Benefits Insurance Services LLC facilitates the placement of insurance coverage on behalf of our clients. In addition, please note that we may utilize a third-party managing general agent/wholesaler to gain access to insurers that we do not have direct access to in the insurance marketplace. In accordance with industry custom, we are compensated through commissions that are calculated as a percentage of the insurance premiums charged by insurers. We may also receive additional monetary and nonmonetary compensation from insurers, or from other insurance intermediaries, which may be contingent upon volume, profitability or other factors. This compensation may include payment from insurers for marketing-related expenses or investments in technology. Our compensation may vary depending on the type of insurance purchased and the insurer selected.

Compensation earned by Mercer Health & Benefits Insurance Services LLC varies, depending on the carrier you choose. Commission percentages are shown below.

Health Plan Name	Small Group Medical (1–50) Percent of Premium	Small Group Dental (1–50) Percent of Premium	Small Group Vision (1–50) Percent of Premium	Small Group Life (1–50) Percent of Premium
Aetna	5% to \$1,000,000, 1% after \$1,000,000.	Stand alone: 9% With medical: 10%	7.5%	15%
Anthem Blue Cross	5% to \$1,000,000, 0.8% after \$1,000,000.	10%	10%	10%
Blue Shield	5%	10%	10%	10%
Kaiser Permanente	5% to \$1,000,000, 1% after \$1,000,000.	PPO \$2.59 (per member per month.) HMO \$1.29 (per member per month.)	N/A	N/A
California Choice	5%	12%	12%	12%
UnitedHealthCare	5%	10%	10%	10%

Mercer Health & Benefits Insurance Services LLC, a leader in business transparency, is committed to complete disclosure of the compensation we receive from the insurance companies for the services we perform on your behalf and that of your sponsoring organization.

Expenses are incurred in the administration of all insurance plans (marketing and communications, billing and collecting premium, payment of claims benefits, responding to customer inquiries, and compensation in the form of commission for agents or companies who provide these services), and these are included as part of the premium rate structure.

The premium quoted includes compensation (shown above) received by Mercer for providing services that may include enrollments, ongoing servicing, billing and communications. Marketing expenses for this plan are paid by Mercer Health & Benefits Insurance Services LLC. These rates are subject to change and will be updated promptly upon such changes.

In this transaction, Mercer Health & Benefits Insurance Services LLC is paid a standard commission of the insurance premium (see chart above). Periodically insurance carriers will pay incentives based on the number of lives insured during a certain period of time. We may also earn contingent commission on this transaction. For more information on contingent commission amounts received by Mercer, please call 888-926-2742 and request information about the Bonus Commissions. Where permitted by law, Mercer Health & Benefits Insurance Services LLC may also earn and retain interest income on premiums held by Mercer Health & Benefits Insurance Services LLC on behalf of insurers during the period between receipt of such payments from clients and the time such payments are remitted to the applicable insurer. If you utilize premium financing, additional fees may also be earned that will be disclosed at the time premium financing is offered.

Marsh & McLennan Companies, Inc., and its subsidiaries, which includes Mercer Health & Benefits Insurance Services LLC own equity interests in certain insurers and wholesale brokers. Information regarding such interests is available at [www.mercer.com/transparency](http://www.mercer.com/transparency).

Mercer is prohibited by law in most states from altering the amount of compensation received from the insurer based in whole or in part on the sale of this insurance<sup>1</sup>.

<sup>1</sup> This disclosure is mandated by New York State Insurance Department Regulation No. 194 (11 NYCRR 30.3(b) (5)) (Regulation 194), which we interpret to apply to the various anti-rebating insurance laws throughout the country, such as New York Insurance Law § 2324, which prohibits insurance companies, agents and brokers from sharing or rebating commissions as an inducement to making an insurance contract. Irrespective of whether Regulation 194 applies to anti-rebating laws or whether rebating is prohibited by law in your state, Mercer will not alter its compensation for this program.

**Signature** *(required)*

I authorize Mercer to obtain a Medical insurance premium indication(s) on my behalf:

Signature **X** \_\_\_\_\_ Date **X** \_\_\_\_\_