



THE LIBERTY COMPANY
Insurance Brokers

USRA Benefit



Broker Information

Broker Name _____

Agency _____

Address _____

City _____ CA Zip _____

Check if new address

Broker Code (if known) _____ Broker License # _____

Phone () _____

Fax () _____

Email Address _____

Business/Group Information

Company Name _____

Address _____

City _____ CA Zip _____

1. Nature of Business _____

2. More Than one Location? Yes No
If yes, where? _____

3. Number of full-time employees (30+ hours/week) _____

4. Any employees paid by commission (and/or) paid as independent contractors? (FORM 1099) Yes No

5. Any COBRA participants previously employed by you? Yes No
(If yes, indicate on Census located on reverse side)

6. % of costs to be paid by Employer:
_____ % of Employee costs _____ % of Dependent Costs

7. Type of Employees to be quoted:
 All Management Hourly
 Salary Non-Union

8. Employees living Out-of-State? Yes No
(If yes, indicate Zip Code on Census located on reverse side)

9. Desired Effective Date: _____ / _____ / _____

Current Coverage Information

Current Health Plan _____

Current Premium _____

Current Plan Type HMO POS Dual Option
 PPO EPO

Proposal Type

- Summary Proposal—Summary of benefits and rates
- Custom Proposal—Details of benefits and rates
- CaliforniaChoice Proposal

Products

- All
- Medical
 Blend my census
- Dental
 Blend my census (custom proposal only)
- Life
- Vision

Plan Designs

- All
- HMO
- PPO
- POS
- Specific Plans (indicate below)

Specific Plans:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Delivery Options

- Pick-up (check location):
 Orange San Diego Los Angeles
 San Jose Inland Empire
- Mail complete proposal
- Fax to: () _____
- Email to: _____
- Have Representative call me at: () _____

Barry Gunches, President, Shoe Program

21820 Burbank Blvd., Suite 269, Woodland Hills, CA 91367 | Toll Free 877-833 USRA (8772)

Fax (866) 605-3658 | Cell 818-438-1700 | bgunches@libertycompany.com | CA Lic # OD79653



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Insurance Brokers



USRA
UNITED SHOE RETAILERS
ASSOCIATION

USRA Health Census											
	Name	Medical HMO or PPO	Dental HMO or PPO	Gender	Age or DOB	Spouse (Y/N)	# of Children	COBRA (Y/N)	Home Zip Code	Life Only (Y/N)	Life Amount
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2											
3											
4											
5											
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