



Fax your completed form to (206) 984-9529

Broker Information

Broker Name: Darrese Webb

Agency: Capital Designs Financial & Insurance Services

Address: 28780 Single Oak Dr. Ste 255, Temecula, CA 92590

Check if new address

Broker Code (if known) _____ Broker License # OE34171

Phone (619) 813-3833

Fax (206) 984-9529

Email Address: dwebb@orrandassociates.com

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: (_____) _____

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