



# “Saving you money is what we do.”

## **Isn't it time you look to save money on your Group Health Insurance Rates?**

Take just a minute to fill out this census and fax it back to us. Please attach a copy of your most recent insurance statement /bill. This will allow us to see the plan(s) your currently on so that we can find you plans that are comparable in coverage but are lower in cost. We'll shop your health plan to every health carrier in California and if we find you a better deal we'll assist you with completing all applications and paperwork. (\*Using our services is free to you. There are no broker fees for you so your monthly premiums are same with us or direct with the insurance carrier. We'll be your contact for all plan modifications and customer service issues.)

Contact Name \_\_\_\_\_  
Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_-\_\_\_\_  
Email: \_\_\_\_\_

**OneStopCoverage Insurance**  
**Attn: Jeff**  
**Toll Free Office: (888)599-7056**  
**Return Fax: (909)895-3646**  
**[www.OneStopCoverage.com](http://www.OneStopCoverage.com)**

Has your company had medical coverage in the last 6 months?  YES  No  
Which Carrier? \_\_\_\_\_ What do you currently pay monthly? \$ \_\_\_\_\_  
What would you like change about that plan? \_\_\_\_\_

Employee	Age or DOB	Zip Code	Spouse (Y or N) and Age	Number of Children and (Ages)
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**OneStopCoverage**  
417 W. Allen Ave Suite #114 San Dimas, CA 91773  
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