

# Shine Wellness Insurance & Financial Services

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## Info Needed To Evaluate A Existing Group Health Insurance & Employee Benefits

1. Business name, address, zip code and contact person
2. Group's Renewal/Anniversary date
3. Copy of Last Renewal Notice
4. Census of "Eligible" Employees - including:
  - \* Employee Name, DOB, Home Zip
  - \* Dependent Enrollment Status:
5. EE, ES, EC, FA (Employee only, Employee Spouse, Employee Children, Family)
6. Does group have Worker's Comp, dental, vision, life, long term or short term disability benefits? If yes, pls name carriers. Any other benefits you are interested?
7. Does group have employees or subsidiaries elsewhere? Does it have other affiliated companies?
8. How many full time and part time employees? (DE-9 will be preferred, ok not available) If there are part time employees, how many hours does each work every week? Do you want to include them?
9. Group's objectives: lower premium or more carrier choices? What percentage to pay for employees and family dependents? Does employer pay employee deductibles? Prefer Kaiser, WHA or PPO carriers such as Anthem Blue Cross/Blue Shield, etc?
10. Any other retention benefits for owners and key executives you are looking for?

*Please contact us at*

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