

Shine Wellness Insurance & Financial Services

Kingman Tsang, Principal Partner, CA Ins Lic# 0135334

Evette Tsang, LUTCF, HIP, Principal Partner, CA Ins Lic# 0C62110

Info Needed To Quote A New Group Health Insurance & Employee Benefits

1. Business name, address, zip code and contact person
2. Census of "Eligible" Employees - including:
 - * Employee Name, DOB, Home Zip
 - * Dependent Enrollment Status:
EE, ES, EC, FA (Employee only, Employee Spouse, Employee Children, Family)
3. Does group have Worker's Comp, dental, vision, life, critical illness, long term or short term disability coverages? Do you want any of it to be included in this quote?
4. Does group have employees or subsidiaries elsewhere? Does it have other affiliated companies?
5. 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?
6. Group's objectives: Lower premium or more carrier choices? What percentage to pay for employees and family dependents? Prefer Kaiser, WHA (Western Health Advantages or PPO carriers such as Anthem Blue Cross/Blue Shield, Health Net, etc?
7. Any other benefits for employees, owners and executives you are looking for?

Please contact us at

Kingman Tsang, 916-813-5464, KT@ShineWellnessIns.com

Evette Tsang, 916-719-5087, ET@ShineWellnessIns.com