



# Dickerson Employee Benefits Insurance Services

AUTHORIZED GENERAL AGENT  
License #0F69768

## INDIVIDUAL CENSUS

For Your Free Quote, Submit Completed Census  
by fax 323-805-2901  
or by email to individualins@dickerson-group.com

This form may be used for quoting the same plans or options  
for up to 3 clients and their families.

If the plans and options are not the same for all clients listed,  
please submit a separate form.

*Individual Policies — A Dickerson Advantage Service  
for Our Valued Group Producers and by IFP Carrier Appointment.*

Broker: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 License #: \_\_\_\_\_ **New to Dickerson?** \_\_\_\_\_  
 Email: \_\_\_\_\_

**Note:** ZIP Code is required for all individuals listed.

### Select Carriers and Plan Options

All Carriers     All Plans     All Options

**Anthem Blue Cross:** Medical, Dental, Vision\*

**Blue Shield:** Medical, Dental, Vision, Life\*

**Chinese Community Health Plan:** Medical

**Covered California:** Medical  
*household income required*

**Delta Dental:** Dental, Dental and Vision\*

**Health Net:** Medical, Dental and Vision\*

**Kaiser Permanente:** Medical, Dental\*

**Oscar Health:** Medical

**Sharp Health Plan:** Medical

**Vision Plan of America:** Vision, Dental and Vision

**Western Health Advantage:** Medical

**Plans:**         Medical     Dental     Vision     Life

**Options Medical:**     PPO     EPO     HMO     HSP

**Options Dental:**     PPO     HMO

\*not sold stand alone

### Senior Products: Select Carriers and Plan Options

**Anthem Blue Cross**  Medicare Supplement  
                                    Medicare Advantage  
                                    Medicare Part D (Rx)  
                                    Senior Dental, Vision\*

**Blue Shield**         Medicare Supplement  
                                    Medicare Advantage  
                                    Medicare Part D (Rx)  
                                    Senior Dental, Vision\*

\*not sold stand alone

### Receiving Options

Mail     Email     Fax     Pick-up

Individual Client 1				
	NAME	M/F	Age/DOB	ZIP Code
<b>Self</b>				
<i>For Covered California plans, household income required</i>			\$	
Spouse				
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				

Individual Client 2				
	NAME	M/F	Age/DOB	ZIP Code
<b>Self</b>				
<i>For Covered California plans, household income required</i>			\$	
Spouse				
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				

Individual Client 3				
	NAME	M/F	Age/DOB	ZIP Code
<b>Self</b>				
<i>For Covered California plans, household income required</i>			\$	
Spouse				
Child 1				
Child 2				
Child 3				
Child 4				
Child 5				

### Notes