



The Medical Society Board of Governors has contracted with Comp Options Insurance Company, a subsidiary of Blue Cross Blue Shield of Florida, to offer Workers Comp to physician members and their practices. *The cost of your insurance is determined by the State of Florida and does not change from company to company.* Participation in this program allows even the smallest practice the opportunity to receive a dividend when approved by the Board of Directors of Comp Options.

This is a win-win program. You could earn dividends up to 24.8% that could conceivably cover the costs of membership and more. This agreement combines premiums and loss information for all members that participate in the program and dividends are determined by the loss ratio of the entire group. Since doctors are usually low users of the workers Comp system, the loss ratios are usually low enough to result in high dividends. Take advantage of this great member benefit and complete the following information and fax it to Professional Benefits, Inc.

COUNTY MEDICAL SOCIETY  
WORKERS COMPENSATION PROGRAM  
PRELIMINARY UNDERWRITING INFORMATION

Name of Practice/Doctors: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Fed. I.D. Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Current number of employees: \_\_\_\_\_ Current number of owners/partners: \_\_\_\_\_

Are owners/partners included or excluded? \_\_\_\_\_ Anticipated payroll next 12 months: \_\_\_\_\_

Name of current insurance company: \_\_\_\_\_

Renewal date of existing workers compensation coverage: \_\_\_\_\_

Are any non-physician sub-contractors used, i.e., physical therapists: \_\_\_\_\_

Name & email of individual completing this form: \_\_\_\_\_

This information will be held in strict confidence. If you have any questions, please call Liza Battaglia at 957-1310. You can fax the completed questionnaire to her at 366-5170.

PROFESSIONAL BENEFITS, INC.

Jim Tollerton, CLU, ChFC,  
Phone: 957-1310  
Fax: 366-5170