

# Group Supplemental Insurance Lead Sheet

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Date: **02/07/2009**

TSR Name: **Chuck**

TSR ID: **LEM**

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Spoke To: **Beverly**

**Stevenson**

Position: **Controller**

Business Name: **Blue Plateau Partners Inc**

Address: **5975 Prairieview Rd Ste 350**

City: **Skokie**

State: **IL**

Zip Code: **60357**

Phone Number: **(847)968-0277**

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- 1) Present Insurer: (If none go to point #3) **Health Net for Group Health**  
It Is: An Individual Plan: **No**                      A Group Plan through work: **Yes**
- 2) Policy Renewal Date: **January 1**
- 3) Policy Deductible: **\$1,000**                      Copay(s): **\$20 copays**  
Premium per month: **\$387**                      per year:
- 4) Who is (or would be) on the Plan: **23 are currently covered**
- 5) Person Spoke to: **Female**      Age:
- 6) Number of Employees: **28**
- 7) Interest in Additional Insurances: **Yes**                      What: **Disability comparisons**
- 8) The local insurance agent, **Jay Broutman**  
has permission to call.
- The best time to call is: **Definitely call afternoons**
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Special Notes: **Beverly said she is the person you need to speak with. They presently offer vision, dental and life insurance as supplemental coverages. She is open to hear comparison quotes on these as well as other supplementals you have available.**

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