



Available to Members of the American Massage Therapy Association

Health Services Administrators (HSA) works exclusively with the American Massage Therapy Association to provide members with a thorough analysis of all available plans in the marketplace. HSA will provide your company with the most affordable plan options and cut through the jargon and confusion to simplify your healthcare experience.

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ E-Mail \_\_\_\_\_

**Nature of Business or SIC code** \_\_\_\_\_ Current Plan \_\_\_\_\_ # Enrolled \_\_\_\_\_

Contact person \_\_\_\_\_ Single Rate \_\_\_\_\_ Family Rate \_\_\_\_\_

<p><b><u>I am interested in:</u></b>    <input type="checkbox"/> All Health Plans</p>	
<p><input type="checkbox"/> BCBS</p> <p><input type="checkbox"/> Tufts Health Plan</p> <p><input type="checkbox"/> Harvard Pilgrim</p> <p><input type="checkbox"/> Neighborhood Health Plan</p>	<p><input type="checkbox"/> Network Health</p> <p><input type="checkbox"/> Fallon Community Health Plan</p> <p><input type="checkbox"/> Health New England</p> <p><input type="checkbox"/> United Healthcare</p>

List ALL full-time employees working 30 or more hours per week (Owners Included)				
Employee	DOB	Individual (I) Dual (D) Family (F)	Home Zip code	Covered By Spouse Y/N

**Please complete the above information, then simply call, fax or email us today for a FREE quote!**

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