



**INSURANCE**  
**SERVICES, Inc.**  
*Common values. Uncommon service.*



Thank you for your interest in TSCRA's health insurance plan for small employer groups of 2-50 in Texas. As a TSCRA member, this is one of the benefits available to you and your employees.

Enclosed are a Census Survey and a Small Group Employer Medical Questionnaire for you to complete.

Small group insurance is a guaranteed issue plan – no one can be turned down for coverage. However, the rates quoted are tentative and subject to change based on the medical information provided on the questionnaire. When completing the questionnaire, be sure to list only major illnesses or serious bodily injuries.

Once you have completed the forms please fax, mail, or email them back to our office to obtain a quote.

Fax 817-336-5487

Mail: TSCRA Insurance Services  
1301 W 7<sup>th</sup> Street, Suite 201  
Fort Worth, TX 76102

Please contact us with any questions you may have or for assistance in completing the forms.

Thank you,  
TSCRA Insurance Services

We also offer a program that includes a wide range of business and personal insurance programs, such as property and liability insurance. Please contact our office for more detail.

# Census Survey (for Group Quote)

To receive rates and benefit option information for small employer groups, please complete the following information and send in today. **FAX 817-336-5487**

Nature of Business		Group Contact	
Name of Business			
Address			
City, St and Zip			
Email address		SIC Code if known	
Phone Number		Fax #	
Do you want Maternity (Circle)	YES      or      NO	Requested Effective Date	

Fill out the following information for each employee, including owner. If you have more than 10 employees, please make additional copies of this page and attach completed information.

Employee Name	Date of Birth Mo/day/yr	Age	Male	Female	Dependents To be Covered (EO, E/SP, E/CH, Family)	Employee Zip Code



## SMALL EMPLOYER MEDICAL QUESTIONNAIRE

Complete the following questions **to the best of your knowledge** for eligible employees and their dependents and any COBRA participants. Your response to the medical questions should be based on eligible employees and/or dependents not currently on your Employee group plan

### – HEALTH QUESTIONS

1. \_\_\_\_ How Many Employees or dependents have had a claim of \$5,000 or more in the past 12 months?
2. \_\_\_\_ How many employees or dependents have been advised to have surgery or medical treatment in the past 6 months that has not been performed?
3. \_\_\_\_ Has any employee been hospitalized or had surgery in the past 3 years? If so, how many? \_\_\_\_
4. \_\_\_\_ Is any employee or dependent currently pregnant? If so how many? \_\_\_\_
5. **How many employees or dependents have been advised, diagnosed or treated by a physician in the past 5 years for the following: “SEE BELOW”**

**(Enter the number of employees or dependents with the condition and provide details)**

	Heart Disease or Disorder		High Blood Pressure		Circulatory Disease or Disorder		Vascular Disease or Disorder
	Stroke		Cancer		Tumors		Leukemia
	Lupus		Any other system Disease		Multiple Sclerosis		Paralysis
	Arthritis		Bone Disorder		Joint Disorder		Back Disorder
	Muscle Disorder		Asthma		Emphysema		Diabetes
	Respiratory & Lung Disorder		Pancreas		Growth Disorder		Endocrine Disorder
	AIDS		Tested Positive for HIV		Immune System Disorders		Blood Disorders
	Hepatitis		Liver Disorder		Digestive System Disease or Disorder		Colon Disorder
	Kidney Disorder		Prostate Disorder		Reproductive Organ Disorder		Infertility
	Brain/Seizure Disorders		Mental/Emotional Disorders		Alcohol/Drug/Substance Abuse or Dependency		Organ Transplant
	Bone Marrow Transplant		Other				

**\*\*If any Health questions marked, please provide details below, or on separate page if needed**

Employee Name	Nature of disorder or Diagnosis	Please list treatment dates	Amount of the Claims	What treatments have been taken/ Prognosis

**Other Remarks:** \_\_\_\_\_

\_\_\_\_\_

# TEXAS AND SOUTHWESTERN CATTLE RAISERS ASSOCIATION

1301 W. Seventh St., Suite 201 • Fort Worth, Texas 76102-2665

800-242-7820 • Fax: 817-394-1864 • www.tscra.org

## APPLICATION FOR MEMBERSHIP

I hereby apply to become a member of this Association, and CERTIFY THAT I HAVE ACCURATELY AND CORRECTLY RENDERED THE CATTLE WHICH I OWN. In case of acceptance, I agree to conform to the by-laws governing the Association and to pay all costs of membership provided for by the Association at Fort Worth, Texas.

### MEMBERSHIP SIGN LEASE

For the consideration set out below by the undersigned Lessee, the Texas and Southwestern Cattle Raisers Association does hereby lease and rent unto the said Lessee the number of membership signs set out below, for as long as the said Lessee shall remain a member of the Association in good standing. In the event said Lessee ceases to be a member of the Association in good standing, this lease shall terminate; and Lessee is obligated to return said signs, and if same are not returned, the agents or representatives of the Association are authorized to enter upon the premises of said Lessee and take possession of said signs.

### PAC CONTRIBUTIONS

Texas and Southwestern Cattle Raisers Association PAC (TSCRA PAC), 1301 W. Seventh St., Suite 201, Fort Worth, Texas 76102, 800-242-7820. This communication is not authorized by any candidate or candidate's committee. Contributions to TSCRA PAC are subject to the prohibitions and limitations of the Federal Election Campaign Act and state election laws. Federal and state law requires us to use our best efforts to collect and report the full name and address, principal occupation or job title, and full name of employer of individual contributors.

### MEMBERSHIP CHARGES

Please check (✓) the appropriate box for cattle owned (rendered) and return this card with your remittance. **Included in membership charges are your dues and assessments, your subscription to *The Cattleman* (\$25 per year) and an optional contribution to Texas and Southwestern Cattle Raisers Association PAC (5 cents per head is the suggested PAC contribution amount). Only the contribution to TSCRA PAC is optional, and only this PAC contribution may be deducted from the total if not desired.** Payments of your dues and assessments to TSCRA and your magazine subscription may be tax-deductible as an ordinary and necessary expense of your business for federal income tax purposes; however, your dues and assessments and your magazine subscription are not tax-deductible as a charitable contribution. In addition, a portion of your dues and assessments is not deductible as an ordinary and necessary expense of your business to the extent that TSCRA engages in lobbying activities. The nondeductible portion of your dues and assessments is 6%. Furthermore, your optional contribution to TSCRA PAC is not deductible as either a charitable contribution or a business expense. As always, we suggest you consult your tax attorney or tax advisor for further details.

### MEMBERSHIP INFORMATION

Please Print – \*Required Fields

Date: \_\_\_\_\_

Ranch/Operation: \_\_\_\_\_

\*Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Employer<sup>1</sup>: \_\_\_\_\_

Occupation<sup>1</sup>: \_\_\_\_\_

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

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

County(ies) Ranch is located in: \_\_\_\_\_

Recommended by: Insurance Services

Signature of Applicant or Lessee: \_\_\_\_\_

<sup>1</sup>For PAC purposes

By providing your e-mail address, you give TSCRA permission to communicate with you by e-mail.

### MEMBERSHIP DUES

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> 0-50 head.....\$ 90.00     | <input type="checkbox"/> 501-600 head.....\$ 557.50       | Allied Industry Membership Dues:                     |
| <input type="checkbox"/> 51-75 head.....\$ 111.25   | <input type="checkbox"/> 601-700 head.....\$ 642.50       | <input type="checkbox"/> .....\$ 350.00              |
| <input type="checkbox"/> 76-100 head.....\$ 132.50  | <input type="checkbox"/> 701-800 head.....\$ 727.50       | Landowner/Wildlife Operation Dues:                   |
| <input type="checkbox"/> 101-125 head.....\$ 153.75 | <input type="checkbox"/> 801-900 head.....\$ 812.50       | <input type="checkbox"/> .....\$ 90.00               |
| <input type="checkbox"/> 126-150 head.....\$ 175.00 | <input type="checkbox"/> 901-1,000 head.....\$ 897.50     | Feedlot Membership Dues:                             |
| <input type="checkbox"/> 151-175 head.....\$ 196.25 | <input type="checkbox"/> 1,001-1,250 head.....\$ 1,110.00 | <input type="checkbox"/> 0-15,000.....\$ 600.00      |
| <input type="checkbox"/> 176-200 head.....\$ 217.50 | <input type="checkbox"/> 1,251-1,500 head.....\$ 1,322.50 | <input type="checkbox"/> 15,001-30,000.....\$ 800.00 |
| <input type="checkbox"/> 201-225 head.....\$ 238.75 | <input type="checkbox"/> 1,501-1,750 head.....\$ 1,535.00 | <input type="checkbox"/> 30,001+.....\$ 1,000.00     |
| <input type="checkbox"/> 226-250 head.....\$ 260.00 | <input type="checkbox"/> 1,751-2,000 head.....\$ 1,747.50 | Student Dues:  |
| <input type="checkbox"/> 251-300 head.....\$ 302.50 | <input type="checkbox"/> 2,001-2,250 head.....\$ 1,960.00 | <input type="checkbox"/> .....\$ 25.00               |
| <input type="checkbox"/> 301-350 head.....\$ 345.00 | <input type="checkbox"/> 2,251-2,500 head.....\$ 2,172.50 |  |
| <input type="checkbox"/> 351-400 head.....\$ 387.50 | <input type="checkbox"/> 2,501-2,750 head.....\$ 2,385.00 |  |
| <input type="checkbox"/> 401-450 head.....\$ 430.00 | <input type="checkbox"/> 2,751-3,000 head.....\$ 2,597.50 |  |
| <input type="checkbox"/> 451-500 head.....\$ 472.50 | Plus 80 cents per head in excess of 3,000 head            |  |

Mail to: TSCRA • 1301 W. Seventh St., Suite 201 • Fort Worth, Texas 76102-2665

Membership Charges: \$ \_\_\_\_\_ (Subscription to *The Cattleman* included in membership dues)

Total Association Gate Signs: \$ \_\_\_\_\_ 20" x 12" standard leased gate sign(s) \$35 each.

To order personalized or larger gate signs, please call 800-242-7820.

Total Amount Enclosed: \$ \_\_\_\_\_

### Draw your brand below:

### Mark all that apply:

Species:  Cattle  Horse

Side:  Left  Right

### Location:

Shoulder

Rib

Hip

Thigh

Side

Flank

Loin

Jaw

All locations

PAYMENT:  Check (payable to TSCRA)  VISA  MasterCard  American Express

Card No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature Required: \_\_\_\_\_

To enroll in TSCRA Auto-Renewal and ensure convenient dues payment, please contact the Membership Department at 800-242-7820.