



Broker Broadcast

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B&P News

April 2008

[HRConnect - Online HR Administration for our Broker's Clients](#)

If you use Beere & Purves' quoting engine, bpQuote, you can have access to HRConnect for absolutely no cost.

What is HRConnect?

HRConnect is an online, integrated human resource management system to meet both employer and employee needs. It includes a benefit plan administration system that summarizes benefit plans, provides carrier contact information, enrollment forms and other important information.

It also offers a variety of other capabilities as well, including employee recordkeeping, company calendar, HR reports, and a company information section, while providing the option to incorporate seamless integration with leading providers of Payroll, COBRA and regulatory compliance.

[View a Video Demonstration HRConnect](#)

How much does it cost?

It's free! You can offer HRConnect's base system to your clients for absolutely no cost. Premium services are available for the employer (or you) to purchase at varying prices depending on the service and number of employees. When all premium services are purchased at the same time, bundled discounting applies and the employer will receive a consolidated bill.

Base System (free): Benefit Administration Employee Tracking and Recordkeeping Online Enrollment HR Forms and Worksite Postings And much more	Premium Services (fee): Payroll (SurePayroll) COBRA (Ceridian) FSA/POP (Ceridian) EAP (Ceridian) - pending HR Resources (HRAnswerlink)
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What's in it for you?

HRConnect is a tool for you to use to strengthen customer relationships, gain new clients and earn additional commissions. Whenever your client purchases one, many or all of the premium services available via HRConnect, you will earn a 15% commission on the contracted price. Or, you can forgo your commission to lower your client's cost. It's up to you.

Who can you give it to?

Any client that you feel will benefit from the available resources. HRConnect is available to brokers that work with Beere & Purves but we also understand that clients are not always going to choose a carrier available through our GA. We don't see the value in forcing you into choosing a carrier that might not be a good fit for your client. Our job is to bring value to our relationship when the situation works best for all parties.

How do you get access?

HRConnect requires an agreement be signed between you and Beere & Purves due to potential commissions. Once the agreement has been executed, the HRConnect icon will appear on the Main Menu of bpQuote You will also receive a PowerPoint presentation for client meetings branded with your company logo.

Make your clients aware!

Once the broker agreement is executed, you can begin generating HRConnect proposals for any one of your clients. Simply choose the report category *HR Services*, located on the Proposal Options page of bpQuote, to include a personalized HRConnect quote.

For more information, contact Staci Reeder at 925.296.5485. [Click here](#) for the one-page flyer.

HSA-Compatible POP from Bancover Insurance

When an employer considers implementing a High Deductible Health Plan (HDHP) with a Health Savings Account (HSA), it is necessary that they set up a Section 125 POP with an HSA module if they want to give their employees the ability to make pre-tax contributions to their HSA via payroll deductions.

The Shared Benefits Plan™, offered by Bancover Insurance, has been revised to include the necessary language to ensure proper compliance when integrating an HSA into an overall benefit package.

To learn more about the Shared Benefits Plan™:

- Review the [brochure](#).
- Visit www.bancover.com
- Call 888.294.0651

If you have questions regarding an inforce group, please call 888.294.0651.

Carrier News

Plan Information - Aetna-Small

TOP

Updated Participation Guidelines Alongside Another Carrier's HMO

Effective April 1, 2008 Aetna will accept the greater of 50% participation and a minimum of eight (8) enrollees for group's offering another carrier's HMO. All of Aetna's products are available for the reduced participation via Pick-A-Plan.

The guidelines have not changed for groups that only offer Aetna:

- **Employers with 2 - 3 eligible employees:** 100% of eligible, excluding those with coverage through another employer's plan must participate
- **Employers with 4 - 50 eligible employees:** 75% of eligible (rounded), excluding those with coverage through another employer's plan must participate

Aetna HealthFund HRA - Waiving Set Up Fees!!

Effective April 1, 2008 through July 15, 2008 effective dates, Aetna is waiving the employer set up fees for HRA administration. The monthly administration fee of \$5 per participant will remain in tact.

Waiving the setup fee saves the employer:

- 2-25 members = \$350
- 26-50 members = \$450

Remember the Key Benefits of Aetna's HealthFund HRA:

- Employer does not have to pre-fund the HRA account!
- Reimbursement for employees is streamlined. No need for employees to submit claims for reimbursement!

Aetna Dental PPO - Network Expansion

See the article in the Aetna Large Group section.

Aetna Broker Bonus Programs

Annual Broker Trip - St. Regis Resort in Aspen March 2009 -- [Click here](#) for details.

Broker Bucks - April 1, 2008 through July 15, 2008 effective dates

- 50 medical subscribers = \$50 per subscriber (paid retroactive to 1st sale)
- 25 medical subscribers = \$25 per subscriber (paid retroactive to 1st sale)

Program Guidelines:

- Broker sales will be calculated at the end of the contest period to determine bonus level.
- One-time lump sum payout will be made by October 15, 2008.
- Qualifying dates: January 1 through December 31, 2008 group effective dates.
- Accumulate 200 point by selling Aetna Small Group California products.
- 1 point per application for medical and dental subscribers.
- ½ point per application for life.

Rating Updates: April 1, 2008 - June 30, 2008

Aetna Small Group has announced plan, benefit, rate and underwriting changes for April 1, 2008 effective dates.

Employer Rating in effect April 1st for new & renewing business.

Composite Rating available for groups with 25 or more enrolling:

- 4 Plan maximum, and must have 1 member enrolled in the plan for it to be offered to new hires.
- Composite rates are based upon final enrollment in each plan platform (HMO, MC/PPO). If the quoted rates and the final rates vary less than 5%, Underwriting will honor the quoted rates.
- Inforce groups with 25 or more enrolled employees can move to composite rates at renewal.
 - Groups wishing to change plans at renewal, select the Pick A Plan option, or switch rating methodology (tabular to composite or composite to tabular) may be subject to underwriting.

Rate Adjustments by Region for 2nd Quarter 2008

	HMO	MC		HMO	MC		HMO	MC
Area 1	2.6%	2.5%	Area 4	2.6%	2.5%	Area 7	2.6%	2.5%
Area 2	2.6%	2.5%	Area 5	2.6%	2.5%	Area 8	2.6%	2.5%
Area 3	2.6%	2.5%	Area 6	7.0%	2.5%	Area 9	5.0%	5.0%

Rating Area Changes Effective April 1, 2008

- Contra Costa and Alameda counties are moving from RA 7 to RA 5 - this results in a decrease on HMO of 5% and MC of 18%.
- Sacramento 956 is moving from RA 8 to RA 6 - this results in a decrease on HMO of 8% and MC of 16%.
- Tulare and Madera counties are moving from RA 9 to RA 7 - this results in a decrease on HMO & MC of 12%.
- Placer County is moving from RA 8 to RA5 - this results in a decrease on MC of 10%.

Network Updates - Aetna-Small

TOP

Aetna Network: Promise Hospital of East LA - Southern California

Effective April 25, 2008, Long Term Acute Care Hospitals located in Los Angeles, Paramount and San Diego are available for HMO, MC and PPO Members. They will be accessible via DocFind after the effective date.

Aetna Network: USC University Hospital - Southern California

Institutes of Excellence added USC University Hospital effective March 1, 2008. New programs added to this facility are Adult Heart, Lung, Heart-Lung, and Kidney transplants.

Plan Information - Aetna-Large

TOP

Aetna Dental® PPO II Offers Greater Network Access

The Aetna Dental PPO plan just got better! Aetna Dental has grown their PPO network to include over 6,000 more available dental practice locations. These additional dentists belong to what Aetna refers to as, Aetna Dental PPO II. Aetna Dental PPO II provides the member with more Aetna dentists to choose from. This means discounted rates are offered at more dental practice locations, which may help members lower the cost of their dental care.

How do you find an Aetna dentist?

Access Aetna's online provider directory, DocFind, at <http://www.aetna.com/docfind/home.do>. Make sure to select **Dental PPO/PDN with the PPO II network.**

Consolidated Billing Now Available!

Single bill, single check simplifies billing.

Plan sponsors asked Aetna to simplify the billing process and Aetna responded with a consolidated bill solution called the Enterprise Billing System (EBS). Now your clients (51-3000 lives) can experience the benefits of integration from a billing perspective, in addition to the numerous advantages integrating benefits offers them and their employees.

What's new?

EBS provides a consolidated HMO and Traditional (PPO) list bill that:

- Replaces multiple invoices with one statement that list all products.
- Accepts a single check payment for all products.
- Captures credits, debits accurately when calculating back adjustments.
- Reads easier, according to plan sponsor testing.
- Improves efficiency and accuracy of broker commission payments.

Availability

EBS supports Aetna fully insured *list-billed only* products for both HMO medical, Traditional medical, dental and life coverage. It is available to new customers beginning with an effective date of February 1, 2008, with plans to roll out to existing customers later in the year.

Want to know more?

For a detailed look at the Enterprise Billing System, the [brochure](#) describes the consolidated list invoice to plan sponsors.

Please [contact](#) B&P if you have any questions about this new feature!

Network Updates - Aetna-Large

TOP

No significant updates at this time.

Plan Information - Blue Cross-Small

TOP

New HIPAA Form Required

Anthem Blue Cross has revised their Small Group HIPAA Authorization Form. Please note that the old form will no longer be accepted. Please update your copy, [click here](#).

Blue Cross Revises RAF Program

We are pleased to announce that Blue Cross has revised their RAF Program for May through August 2008 effective dates. The program now includes groups down to 10 enrolling employees!

May - August 2008 Effective Dates:

Guarantees for groups of 10-14 and 15-50 with no health questions required!

- Groups with 10-14 enrolling employees receive a maximum .95 RAF.
- Groups with 15-50 enrolling employees receive a maximum .90 RAF.

And remember:

- There are no health questions required.
- The lowest RAF available is .90 and the RAF is guaranteed for the initial 12 months from the Medical coverage effective date.
- This offer does not apply to association groups.
- Clients can save when bundling Life, Dental and Workers' Compensation.

For more information, [contact](#) your B&P Sales Team or [click here](#) for the New Business Deadlines & Offers from our Carriers.

Blue Cross Updates Pharmacy Benefit Specialty Drug List

For updates, reference the article located in Blue Cross Large Group.

The Agent Site Received a Makeover!

The Agent Site has been updated with the Anthem Blue Cross branding and a new look and feel, including separate buttons for Individual, Small Group and Senior. Functionality hasn't changed, so you won't have problems finding information. The change is mainly to reflect the new brand, to make Blue Cross of California consistent with other sites within their parent company and to give them a more stable platform moving forward.

Lumenos® Underwriting Requirement

Effective April 1, 2008, if a group currently offers a Single plan, Designated Plans or Mix-n-match option, the group will require *full* medical underwriting for the Lumenos plans. This is beginning with April Anniversary groups and Focal groups.

2008 Focal Renewal Details

[Click here](#) for access the Blue Cross 2008 Focal Renewal details and resources.

Network Updates - Blue Cross-Small

TOP

Blue Cross Network: Select HMO Network Expansion - Ventura County

Over the past year, Blue Cross has worked diligently to respond to broker, sales and member requests to expand the Select HMO Network. They are pleased to announce that they received DMHC approval to expand the Select HMO Network into Ventura County. The expansion was effective March 1, 2008. Note: When Select HMO launched approximately four years ago, Ventura County was not part of the original network which included 22 counties across California.

BC PPO is the New Name for BlueCard PPO

To comply with the brand regulations of the Blue Cross and Blue Shield Association, Blue Cross of California (BCC) stopped using the words "BlueCard" in its PPO plan names as of March 31, 2008. The Association does not allow any licensees to use the term "BlueCard" in product names. "BlueCard" may only be used to refer to the program and the network. The new product name will be BC PPO; in some cases, BC PPO (non-California resident) will be used.

To date, the compliance modifications that have been completed include:

- California website references or links on member, provider and broker portals
- Benefit Summaries accessed via links on the websites
- California collateral (brochures, flyers, custom materials, proposals)

March 31, 2008 deliverables include (but may not be limited to) modifications to external messaging such as:

- Any remaining collateral (brochures, flyers, broker books, custom materials, proposals) that's been identified
- California contracts (EOCs and COIs)
- California forms (enrollment, group administrative agreements, vouchers)
- California materials included in Dynamic Kits (letters, plan overviews, single source summaries)

By March 31, 2008, please destroy any remaining collateral or broker books referring to BlueCard PPO plans that you may have or that are posted on your websites. Visit www.beerepurves.com to access plan summaries containing the BC PPO reference.

New EAP Plan Designs Effective April 1st

An Employee Assistance Program (EAP) is now easier to sell and available for quoting! We are pleased to inform you that Blue Cross has announced their new EAP designs for new and renewing groups, beginning with April 1, 2008 effective dates.

The Basic EAP design offers three face-to-face clinical sessions per concern, while the Enhanced EAP design is available with either four or six face-to-face clinical sessions per concern. Groups of 1000+ may customize the number of sessions.

There are several advantages to the plans, including:

- The focus of the Basic EAP design is employee (member) services.
- Full work/life services are built into the Enhanced plans and do not have to be purchased separately.
- For the Enhanced designs, onsite service hours are now fixed.
- Rates for the EAP plans are less than the existing comparable EAP plans.
- Pricing is list priced.

For details on the EAP product designs and pricing, reference the Blue Cross [Broker Guide](#).

All proposals will automatically include EAP plan options and rates based on the group size. If you have any additional questions regarding Blue Cross EAP options or would like to request a quote with these options, please contact your b&p Large Group Specialist.

Formulary update

The following grid lists the outcomes of the first quarter 2008 Anthem Blue Cross Pharmacy and Therapeutics Committee meetings held on March 5, 2008. Members should refer to their benefit agreement to understand how changes to non-Formulary status may affect them. For additional information regarding their benefits, members should contact Customer Service at the phone number on their ID card.

Drug Name	Active Ingredient	Formulary Status	Generic Available?
Apidra	insulin glulisine	Formulary	No
Canasa	mesalamine	Non-Formulary	No
Lialda	mesalamine	Non-Formulary	No
Omnaris	ciclesonide	Non-Formulary	No
Vyvanse	lisdexamfetamine dimesylate	Formulary	No

Access to Non-Formulary Medications

The Drug Utilization Review (DUR) exception process provides access to most non-formulary medications, multi source brands, therapeutic interchanges and step therapy procedures for select benefit plans. When the prescribing physician denotes "do not substitute" (DNS) or "dispense as written" (DAW) on the prescription, the pharmacist transmits the claim using the appropriate DUR code to allow adjudication of the claim. Select non-formulary medications are channeled through the Prior Authorization of Benefits process where an internal review is required before dispensing.

For a copy of the Formulary, please access the Anthem Blue Cross website at anthem.com/ca under Pharmacy Information, or call Customer Service at 800-700-2541. You may also [contact](#) your b&p sales team for with questions.

Network Updates -Blue Cross-Large

TOP

Please see the Blue Cross of California-Small Network Updates.

Plan Information - CaliforniaChoice®-Small

TOP

Early Bird from CaliforniaChoice®

Group numbers guaranteed on the effective date with CaliforniaChoice®.

When you submit your group through Beere & Purves by the 18th of April for a May 1, 2008 effective date, and all pending requirements are completed by the 24th of the same month, we will submit your case to CaliforniaChoice® as an Early Bird case. Cases meeting special receipt and pending item dates receive a group number on the requested effective date.

Early Bird Special Timeline:

April Timeline for May 1st Groups:	May Timeline for June 1st Groups:
18th - submit group to Beere & Purves	19th - submit group to Beere & Purves
24th - all missing requirements must be complete	23rd - all missing requirements must be complete
1st - group number will be issued	1st - group number will be issued

If you have any questions, please contact one of the B&P Underwriters.

Update Your Employee Enrollment Applications

Please visit www.beerepurves.com or contact a member of your dedicated Sales Team, to obtain the new CaliforniaChoice® enrollment forms for your groups.

Network Updates - CaliforniaChoice®-Small

TOP

No significant updates at this time.

Plan Information - CaliforniaChoice 51+

TOP

Double Your First Month Commission - Extended!

Double your first month commission for any CaliforniaChoice 51+ group NEW to Kaiser Permanente has been extended through June 1, 2008 effective dates (groups without current Kaiser Permanente membership).

Plus, for every Kaiser Permanente member you enroll, earn an additional \$15/member.

EXAMPLE*:

You enroll a 150 member group in CaliforniaChoice 51+ and 75 members enroll in Kaiser Permanente; the others enroll into Health Net and Cigna.

1st Month Commission	\$1,650
DOUBLE IT	\$1,650
Kaiser Permanente Members(75 x \$15)	\$1,125
Total 1st Month Commission	\$4,425

*For illustration only. For more information on commission opportunities, please consult CaliforniaChoice 51+.

Please [contact](#) your Large Group Specialist for a CaliforniaChoice 51+ quote.

Update Your Employee Enrollment Applications

Please visit www.beerepures.com or contact a member of your dedicated Sales Team, to obtain the new CaliforniaChoice 51+ enrollment forms for your groups.

Network Updates - CaliforniaChoice 51+

TOP

Please see the CaliforniaChoice® -Small Network Updates.

Plan Information - Delta Dental

TOP

Small Group Advertising Assistance Program for Brokers

Delta Dental's Small Group (5-99) Advertising Assistance Program for preferred brokers provides you with direct mail postcards which can be sent directly to potential clients. You can choose from three different postcard campaigns. Each postcard **includes postage** and will be printed with your name and contact information.

With this program, Delta Dental shares in your overall costs. Your costs are as follows:

Total Quantity	Ordered Cost
500	Free
1,000	\$100.00
2,000	\$250.00
4,000	\$650.00
6,000	\$1,200.00
10,000	\$2,000.00
20,000	\$4,000.00
30,000	\$6,000.00

[Click here](#) for sample mailers or contact your B&P Group Sales Representative if you would like additional information.

Plan Information - Health Net-Small

TOP

Health Net Employer Satisfaction Survey

For more details, reference the article in Health Net Large Group.

Salud HMO y más is coming to the Inland Empire

Health Net is bringing Salud HMO y más to select areas of San Bernardino and Riverside counties, complete with all the great features that have made Health Net's cross-border HMO health plan so popular:

Serves the unique needs of Latinos:

- A select network of doctors and office staff in California who speak both English and Spanish
- Cross-border access to care via the SIMNSA network of providers in Mexico
- Coverage to eligible dependents living in Mexico, within 50 miles of the California border, who may enroll and receive care exclusively from SIMNSA providers

Saves employers up to 20% over comparable full-network HMO plans

The Salud expansion is effective:

- April 1, 2008 for groups of 51 or more
- May 1, 2008 for Small Business Groups
- July 1, 2008 for Individual Family Plans

Service Areas

People who live or work in select zip codes in Riverside or San Bernardino are eligible to enroll in the Salud HMO y más plans. [Click here](#) for an updated plan service area list.

The Doctor Search at www.healthnet.com has already been updated to reflect the plan expansion; paper directories will be available in mid-April.

Rate Updates

- Rates are effective May 1, 2008, through July 1, 2008, effective dates.
- There will be a modest trend rate increase for Medical.
- There are no rate changes for Dental, Vision and Life.
- There are no rate changes for Chiropractic, Acupuncture, and Combo Rider.

Hⁿ Options with Silver

This new product offers the choice and flexibility of Hⁿ Options with Silver Network savings. It is a budget-friendly choice for employers, allowing them to offer their employees this portfolio alongside Health Net's Silver Network, which is a select subset of their full network.

For more details, contact a member of your dedicated b&p Sales Team.

Network Updates - Health Net-Small

No significant updates at this time.

Plan Information - Health Net-Large

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Employer Survey Update

Health Net of California will be conducting a 2-week, online **Health Net Employer Satisfaction Survey** starting on **Wednesday, April 16, 2008**.

What is the purpose of the survey?

Health Net will be asking their employer groups for their feedback on how well they are serving them and their employees. Understanding employer opinion of their current performance is a critical part of their ongoing efforts to improve service to their clients.

How will the survey be conducted?

On April 16th, an email invitation containing a link to the survey will be sent to Health Net's California employer groups. Those employers who choose to participate will be asked to click on the link and be led to the survey site. The survey will take approximately 15 - 20 minutes to complete.

Survey responses will be anonymous and kept completely confidential.

New Pharmacy Benefit - PA Light

Health Net's revised Starting Line-Up Phase II quote now includes a new pharmacy plan design called the PA Light that may be purchased with any of their PPO plans.

The PA Light plan options offer a standard 3-tier Rx (such as \$10/25/40) benefit with a reduced Prior Authorization list for only a few dollars more per person. The standard Prior Authorization list contains approximately 90 drugs, whereas, the PA Light Prior Authorization list has been shortened to 37 drugs.

Click [here](#) for the PA Light Prior Authorization drug list.

Network Updates - Health Net-Large

TOP

No significant updates at this time.

Plan Information - Kaiser Permanente Choice Solution

TOP

Now Wrap with Kaiser Permanente Choice Solution

Kaiser Permanente Choice Solution can now be used as a wrap program. And, the minimum Kaiser Permanente Choice Solution participation requirement is only one life!

Your clients can choose from 5 great Kaiser Permanente Choice Solution benefit designs:

- HMO 10 • HMO 30 • HMO 20/1000
- HDHP 1400* • HDHP 2400* (*HSA-Qualified High Deductible Health Plan)

The POS, PPO and Indemnity benefit plan designs are not available when wrapped.

Please contact a member of your B&P Sales Team with any questions.

Please note: Ancillary participation guidelines will apply to those enrolled in Kaiser Permanente Choice Solution.

Network Updates - Kaiser Permanente Choice Solution

TOP

No significant updates at this time.

Industry News

TOP

[Sutter Health's 2007 Financial Report - 'Pretty Stable' Company](#)

On Friday, April 11, 2008 Sutter Health reported a 4 percent increase in operating income, but volatility in the investment markets left bottom-line profits flat. The Sacramento-based network of doctors, hospitals and other providers said it earned \$623 million last year, the same as 2006. Its operating income was up 4 percent to \$471 million. Revenue increased 7 percent to \$7.65 billion. [More...](#)

[WellPoint Rolls Out Plans for Rx Drug Surveillance System](#)

In conjunction with FDA, WellPoint plans to launch an electronic system that will scan members' records for indications of potential side effects from specific medications or combinations of drugs. Rather than build its own database, FDA is partnering with WellPoint and other large health insurers to improve drug surveillance. [More...](#)

[HSA Proposal Lacks Common Sense](#)

In looking at a health savings account proposal passed last week by the House Ways and Means Committee, it is clear that members need a lesson in basic math, to say nothing of common sense.

As reported, the committee approved tax legislation that includes a provision that would require HSA custodians, typically banks, to substantiate that claims paid from the accounts are health care-related. Ostensibly, the HSA provision is about raising revenue for the federal government. According to a Joint Committee on Taxation analysis, it would generate just more than \$300 million in tax revenue over the next 10 years. [More...](#)

Events [TOP](#)

[GGAHU Annual Benefits Golf Tournament - May 2, 2008](#)

Mark your calendar for the GGAHU Annual Benefits Golf Tournament on Friday, May 2, 2008 at the Boundary Oaks Golf Club. This is the annual social event that you would not want to miss. [Click here](#) for the registration form.

[CDHC Certification Course - May 8, 2008](#)

NCAHU and NAHU will be presenting a special program. The program is a four-hour course on consumer-directed health care that will provide you with technical, actionable information you can use to help your clients consider these fast-evolving plans and implement them successfully. The class is open to employers as well and continuing education has been approved for both insurance and human resources.

This CE course will be offered from 11:00 a.m. to 3:00 p.m. on May 8, 2008 in Rohnert Park, California. [Click here](#) to register online.

[SVAHU Annual Benefits Golf Tournament - May 9, 2008](#)

Mark your calendar for SVAHU Annual Benefits Golf Tournament on Friday, May 9, 2008 at the Eagle Ridge Golf Club in Gilroy. Tee Off is at 11:00am with the dinner and rewards ceremony at 6:00pm. [Click here](#) for the registration form.

Contact B&P [TOP](#)

For a complete list of B&P contacts, [click here](#). Questions for Beere & Purves? [click here](#).

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