Contract and Benefits Booklet Request Form

- - for contract and benefit guide requests - -

SECTION I									
Group/Account Name:		Group/Account #		Requested (Effective Da		Requestor Email Address:			
TYPE OF SERVICE REQUESTED:									
 PDF Electronic version (please check one item below) Group Contract Only Member Benefit Booklet Only Group Contract and Member Benefit Booklet 									
 Paper Copy (please ch Group Contract C Member Benefit I Group Contract a 	Only Booklet Only								
Send to:									
Group mailing address on file Other (provide email or mailing address below):									
Attention to: Street Address: City: State: Zip: Email Address: If ordering paper copy, p		ction II.							
SECTION II Facets Groups If more than one option per product, indicate the options or medical BSBS codes.									
BLUECHOICE		BLUECHOICE OPT OUT PLUS			BLUECHOICE ADVANTAGE				
Option/BSBS	Quantity	Option/BSBS		Quantity		ion/BSBS	Quantity		
BLUECHOICE OPEN ACCESS (includes BlueFund & HRA/HSA compatible health plans)		BLUECHOICE OPT OUT PLUS OPEN ACCESS (includes BlueFund & HRA/HSA compatible health plans)			DENTAL ONLY				
Option/BSBS	Quantity	Option/BSBS		Quantity	-	ion/BSBS	Quantity		
					Traditiona	al			
BLUECHOICE OPT OUT OPEN ACCESS		BLUEPREFERRED (includes BlueFund & HRA/HSA compatible health plans)				VISION ONLY	(
Option/BSBS	Quantity	Option/BSBS	Q	uantity	Opti	ion/BSBS	Quantity		
					N N	lision			

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List products/g			ested for each product/group. 51+ and NASCO.				
SEGO	Product	Quantity:	This must be completed for all SEGO accounts:				
51+	Product	Quantity:	Part-Time employees included?				
NASCO	Product	Quantity:	Employees with other coverage included?				
	Product	Quantity:	Retirees included?				
Benefit guides will be mailed to the current physical address on file if no address is specified.							

CUT6592-1E (4/11)