

Local Government Plan Order Form

January 2016

Your Name: _____ Agency: _____

Mailing Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

Check if this is a change in name, address, phone or fax.

Quantity Requested		For Office Use Only
	Eligibility and Enrollment Guide	
	COBRA Brochure	
	HIPAA Privacy Notice	
		Date: _____
		By: _____

All insurance forms are available for print on the Benefits Administration website.

To order insurance vendor materials, contact:

- BlueCross BlueShield 423.535.5788 or 423.535.8388
- Cigna (health and prepaid dental) 615.595.3134 or celeste.sims@cigna.com
- MetLife (DPPO dental) 615.224.1601 (Kelly Walker) or metlife@mybenefitspeople.com
- Magellan Health Services (EAP/MHSA brochures, posters)..... 800.450.7281 (ext. 74641)
- EyeMed Vision Care 513.765.4106 or smonnig@eyemedvisioncare.com
- MedAmerica (long-term care brochures, program overview) 585.231.6851 or tricia.mooneyhan@medamericaltc.com

Signature: _____

Date: _____

Mail or fax this form to: Benefits Administration
Suite 1900, WRS Tennessee Tower
312 Rosa L. Parks Avenue
Nashville, TN 37243 Fax: 615.253.8556

Allow 10 working days for delivery. Please keep a copy of this form until your order has been received in full.