CBIA/AETNA		SHIP TO:	
SUPPLY REQUEST FORM		Company Name	
FAX TO: (866) 637-4329		Street	
		City	State Zip Code
Attention: SUPPLY DEPARTMENT		Attention (phone):	
Date	CBIA ACCT #		Number of Employees
<u>NOTE:</u> *When a new case is submitted or a rev	vision is made to an exist	ing case, a supply of booklets is mailed <u>direc</u>	ctly to the employer. No supply request is needed. *
NEW HIRES & CHANGES          CBIA Enrollment/Change/Term Form          Family Health Statement		ENROLLMENT PACKETS           AETNA OPOS Packets           \$10/\$250/70%         \$10/\$250/80%           \$15/\$500/70%         \$15/\$500/80%           \$15/\$750/70%         \$15/\$750/80%           \$20/\$1000/70%         \$20/\$1000/80%           AETNA HMO Packets         \$10           \$15         \$20           Additional States & quantities required:         \$10	MED & DENT BOOKLETS         AETNA QPOS Brochure         AETNA HMO Brochure
<u>MAIL ORDER DRUG FORI</u> <u>Aetna Rx Home Delivery</u>	<u>MS</u>	Auunonai States & Quannites reguireu.	
BENEFIT SUMMARIES           AETNA QPOS	% % %	PROVIDER DIRECTORIES CT AETNA HMO/QPOS - 15.01.097 Other Directories <i>(States &amp; quantities)</i>	LIFE/DISABILITY BOOKLETS         Life, AD&D
TC (Indemnity Medical)           Life		Pharmacy Listing – 21.33.063 Dental: STATE	(1/8/26) \$400       (8/8/26) \$250          (1/8/26) \$1000       (8/8/26) \$1000         LTD       Small Group LTD          LTD (old)       \$2000       \$10,000         LTD       LTD (indicate current plan):
BENEFIT REQUEST FORMS         Proof of Death         Weekly Disability Income         Verification of Health Benefits (WI)         Medical:       TC         QPOS         Dental         Prescription Drug		MISCELLANEOUS Notice of Cont. State/COBRA Notice Of Conversion - Medical Conversion Of Group Term Ins. Life Group Administration Manual	OTHER ITEMS

## \*MAKE COPIES OF THIS FORM AS NEEDED