

Employer Support Inquiry

Employer Group Info	Date of Request:
Group Name:	___ / ___ / ___ MM DD YYYY
Group # :	
Contact Name:	
Contact Phone # :	
Member Info (ONLY IF APPLICABLE)	
Member Name	
Member ID #	
Member DOB ___ / ___ / ___	
Member Phone #	
If claim, Date of Serv. ___ / ___ / ___	
Brief description of problem you are trying to resolve: <i>click on drop down box for selections</i>	
	← Reason drop down box will pop up when you click on cell
Brief description of problem you are trying to resolve: (please limit to approx. 250 characters)	
How was original request submitted: <i>click on drop down box for selections</i>	
	← Request method drop down box will pop up when you click on cell
To whom should response be given? - please complete one	
Group Name & Group #:	
Group Contact Name:	Phone #
Broker Name	Phone #
Requestor (other than group or Broker)	Phone #