

REQUEST FOR OPEN ENROLLMENT SUPPORT

EMPLOYER NAME _____

EMPLOYER POINT OF CONTACT _____

(Name)

TELEPHONE NUMBERS _____

(Voice)

(Fax)

ADDRESS (PHYSICAL LOCATION) _____

HEALTH BENEFITS FAIR _____

(Date)

(Time: From - To)

HEALTH BENEFITS EDUCATIONAL SEMINARS

(Date)

(Times)

(Estimated # of Participants)

NJ PLUS PHYSICIAN AND HOSPITAL DIRECTORY _____ COPIES

DIRECTIONS TO YOUR LOCATION (FROM NEWARK)

DIRECTIONS TO YOUR LOCATION (FROM TRENTON)

Send request to Kim Bruno
State Health Benefits Program
c/o Horizon Blue Cross Blue Shield of New Jersey
3 Penn Plaza East PP-03C
Newark, NJ 07105-2200

or fax to (973) 466-5326.

Call (973) 466-6666, the 2000 SHBP Open Enrollment Hotline, if you have questions about this request.