

Local Government Plan Order Form

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
1	COBRA Brochure	
1	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 Amy Jordan, 423.535.5788, Amy_Jordan@BCBST.com
- Cigna (health and prepaid dental) Celeste Sims, 615.595.3134, celeste.sims@cigna.com
- MetLife (DPPO dental) Julie Salomone, 770.407.2495 (fax), stateoftennessee@metlife.com
- Optum (EAP/MHSA brochures, posters) Melissa Ward, 612.632.5456, melissa.ward@optum.com
- Davis Vision Larry Sheehan, 508.813.4211, lsheehan@davisvision.com
- PayFlex Jo Montgomery, 860.273.0545, montgomeryj@payflex.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.