

CBIA HEALTH CONNECTIONS

Fax to: CBIA Health Connections
 350 Church Street • Hartford, CT 06103-1126
 Fax: 860-278-0883 • cbia.com

SUPPLY REQUEST FORM

Date _____

SHIP TO:

Company _____	Contact Name (Required) _____
Address (Street, City, State, ZIP Code) (cannot deliver to P.O. Box) _____	
Telephone (Required) (Please include area code) _____	Requester (if different from above) _____
E-mail _____	Fax _____

SUPPLIES Please indicate the number of each item you are requesting

FORMS/MARKETING MATERIALS	HC2	
Enrollment Change Form	_____	
Employee Enrollment Info. Brochure	_____	
Family Health Statement	_____	
Benefit Comparison by Ins. Company	_____	
Employer Participation Agreement	_____	
CBIA Membership Brochure & dues schedule	_____	
Dental Brochure	_____	
Anthem BCBS Medicare Product Packet (limit of 3)	_____	
WELLNESS MATERIALS		
Employer Brochure	_____	
Employee Brochure	_____	
Wellness Champion Flyer	_____	
Carrier Wellness Programs	_____	
Wellness Program Enrollment Form	_____	
PROVIDER DIRECTORIES		
ConnectiCare CT/MA	_____	
Oxford Health Plans CT	_____	
Oxford Health Plans NY	_____	

Members should call the Member Services phone number on their ID card to request benefit booklets, claim forms, etc.

All forms and enrollment materials are available on the CBIA Health Connections website, cbia.com/ins.