

Complete this form for every plan you want to benchmark and send to FHIAP with benefit booklet and prescription drug plan information.

Employer name:		Employer Identification Number (EIN) <i>required</i> :	
Employer address:			
City:		State:	ZIP:
Employer benefit contact name:			
Phone:	Fax:	E-mail:	
Name of insurance company:			
Medical plan number/plan code:		Group/policy number:	
Prescription plan number/plan code:		Plan purchase pending? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Proposed effective date: _____			
What type of health benefit plan is offered or being purchased? <input type="checkbox"/> PPO <input type="checkbox"/> EPO <input type="checkbox"/> HMO <input type="checkbox"/> POS <input type="checkbox"/> Traditional-indemnity <input type="checkbox"/> Other (please specify): _____			Plan anniversary or renewal date:
Industry type: <input type="checkbox"/> Construction <input type="checkbox"/> Manufacturing <input type="checkbox"/> Retail <input type="checkbox"/> Finance <input type="checkbox"/> Health Care <input type="checkbox"/> Hospitality <input type="checkbox"/> Other (please specify): _____			
Name of person (producer) requesting benchmark analysis:			
Title:			
Phone:	Fax:	E-mail address:	
Additional comments? (See page 2)			

Please send this form, benefit booklet and prescription drug plan to:

E-mail:

ophp.mail@state.or.us *OR*
 Attn: Benchmarking
 (include employer's name in subject line)

Mail:

FHIAP *OR*
 Attn: Benchmarking
 P.O. Box 5880
 Salem, OR 97304-0880

FAX:

866-843-8936
 Attn: Benchmarking

Questions? E-mail: ophp.mail@state.or.us Attn: Benchmarking.

