

**Complete this form for every plan you want to have analyzed and send to Healthy KidsConnect with benefit booklet and prescription drug plan information.**

Employer name:		Federal Employer Identification Number (EIN) <i>Required</i> :	
Employer address:			
City:		State:	ZIP:
Employer benefit contact name:			
Phone:	Fax:	E-mail:	
Name of insurance company:			
Plan number/code:		Group number:	
Plan anniversary or renewal date:		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"/> Traditional-indemnity <input type="checkbox"/> PPO <input type="checkbox"/> HMO <input type="checkbox"/> POS <input type="checkbox"/> EPO <input type="checkbox"/> Other (please specify): _____			
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:**

hkc.info@state.or.us                      **OR**  
 Attn: Healthy KidsConnect  
 (include employer's name in subject line)

**Mail:**

Healthy KidsConnect                      **OR**  
 P.O. Box 14650  
 Salem, OR 97309-5020

**FAX:**

503-373-7251  
 Attn: Healthy KidsConnect

**Questions? E-mail: [hkc.info@state.or.us](mailto:hkc.info@state.or.us)**

