



Send to:  
 Receiving Services  
 PO Box 104355  
 Jefferson City MO 65110  
 Fax: (573) 526-4771

## State Materials Order Form

Your Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ and/or

Email Address:

Quantity	Item
	Employee Welcome Packet
	Benefit CD-Rom for New Employee Orientation (for HR & Payroll personnel only)
	Employee Assistance Program – Supervisors Handbook
	Employee Assistance Program – Refrigerator Magnet
	Employee Assistance Program – Poster for Bulletin Boards
	* Copay Plan (Coventry Health Care) Regional Provider Directory (Region: _____ )

\* If you need a Copay Plan directory for a region other than the one that your agency is located in, please indicate that region.  
 Provider directories for plans other than Copay must be ordered from that plan, call their Customer Service number listed in the Member Handbook.

<b>SHIPPING ADDRESS</b>  Orders cannot be shipped to a PO Box	Name of person to Receive material			
	Agency Name (Do Not use Acronyms)			
	*Street Address			
	City, State, Zip			

\*Jefferson City Offices: Please list Office Building and Room Number for Inter-Agency Mail delivery

Revised: March 5, 2008 Replaces Previous Editions