

EGYPTIAN AREA SCHOOLS EMPLOYEE BENEFIT TRUST

SUPPLY ORDER FORM





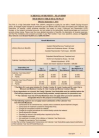













Please fax to: **888-525-2799**

Date: _____

Please complete this form and return to Krista Gotto via fax or email Krista.Gotto@meritain.com.

Attention: _____ Email: _____

School and Address: _____

 <p>Plan Document Plans A, B, C & E Eff 9/1/13</p> <p>Previously Platinum, Gold, Silver & Copper</p>	<p>Schedule of Benefits effective September 1, 2013</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>Plan A</p> </div> <div style="text-align: center;">  <p>Plan B</p> </div> <div style="text-align: center;">  <p>Plan C</p> </div> <div style="text-align: center;">  <p>HDHP Eff 1/1/14</p> </div> </div>				
<p>Coming Soon HDHP (previously Bronze) Plan Document</p>					
<p>Coordinated Health/Care</p>					
 <p>CHC Magnet</p>	 <p>CHC Tear-off Pad</p>	 <p>CHC Poster</p>			
 <p>LabCard Stickers</p>	 <p>LabCard Brochure</p>	 <p>LabCard Poster</p>	 <p>Gazelle Mobile App</p>		
<p>Consult A Doctor</p>  <p>CADr Magnet</p>		 <p>CADr Poster</p>	<p>Healthcare Blue Book</p>  <p>HCBB Magnet</p>		
			 <p>HCBB Poster</p>		
<p>Lincoln Financial</p>					
 <p>Travel Connect Brochure</p>	 <p>Life Keys Brochure</p>				

Note: You may also print the Schedules of Benefits, the Enrollment Guide, newsletters and much more directly from www.egtrust.org.