



An Independent Licensee of the Blue Cross and Blue Shield Association

Employer's Supply Request Form

Please duplicate for future use.

Quantity **Type of Form or Supplies**

- _____ Idaho Small Employer Application
- _____ Application for Enrollment (51 – 99 employees)
- _____ Large Group Application for Enrollment (Experience-rated or ASC)
- _____ Employee Waiver of Coverage Agreement (50 or fewer employees)
- _____ Employee Benefit Booklets
- _____ Participating Physician Directory
- _____ Participating Dentist Directory
- _____ Pocket Formulary
- _____ PPS (Mail Order Pharmacy) Brochure & Order Form
- _____ Walgreens (Mail Order Pharmacy) Brochure & Order Form
- _____ EAP Brochures
- _____ McKesson Specialty Rx Brochure
- _____ Special Beginnings Brochure (Maternity Management)
- _____ Regence Advantages Flyer
- _____ Regence Select In Net / Out of Net Flyer

SHIP SUPPLIES TO:

Group # _____ Group Name: _____

ATTENTION: _____

Shipping Address: _____

Please fax this completed form to Marketing Support Staff in the office nearest you:

Lewiston	1-208-798-2097	Boise	1-208-333-7897
Coeur d'Alene	1-208-765-2184	Pocatello	1-208-232-0032
Twin Falls	1-208-736-0757		

Many of the forms listed above are available on our Web site, www.id.regence.com. Click on the For Employers section and then choose Forms. Simply click on the form you need and print it at your convenience.