



Supply Requisition Form

REQUESTED BY

<input type="checkbox"/> Broker <input type="checkbox"/> Employer group	Requestor name	Phone
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SHIP TO

<input type="checkbox"/> Broker <input type="checkbox"/> Employer group	Group no.	Company
Attention		Phone
Physical address		
City/State/Zip		

Fax form to:
916.568.1338

or

Email form to:
WHASales@
westernhealth.com

2349 Gateway Oaks Drive
Suite 100
Sacramento, CA 95833

916.563.3198 or
888.449.3198

Visit our website for more
information at:
westernhealth.com

ENROLLMENT KITS

(Kits include Benefit Tips, Copayment Summaries and Enrollment/Change Forms)

**QTY
ENGLISH**

**QTY
SPANISH**

Class I: Medical Plan _____	Rx Plan _____		
Infertility Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No	Coaching Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No		
MES Vision Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision Plan _____		
Premier Access Dental Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan _____		
Class II: Medical Plan _____	Rx Plan _____		
Infertility Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No	Coaching Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No		
MES Vision Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vision Plan _____		
Premier Access Dental Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan _____		

ITEM

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SP.**

ITEM

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ENG.**

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SP.**

ITEM	QTY ENG.	QTY SP.	ITEM	QTY ENG.	QTY SP.
Benefit Comparison			Provider Directory — Commercial		
Marketing Brochure			Benefit Tips		
Employer Group Application			Enrollment/Change Form		
Standard Risk Rates — .90 RAF			EOC — Commercial		
Standard Risk Rates — 1.0 RAF			EOC — HSA		
Standard Risk Rates — 1.10 RAF			Premier 10		
Sole Proprietor/Owner/Partnership Form			Premier 15		
Waiver Form			Premier 20		
Termination Form			Premier 40		
Group Service Agreement — Large			Advantage 15-30		
Group Service Agreement — Small			Advantage 420		
Healthyroads Fitness Planning			Advantage 70		
Healthyroads Coaching — Broker/Employer			Advantage 40		
Healthyroads Coaching — Member			Western 4010		
Assist America			Western 2025		
Full Service Vision Plan — \$0 Copay			Western 4025		
Full Service Vision Plan — \$10 Copay			Western 1800, HSA compatible		
Eyewear Only Vision Plan — \$0 Copay			Western 2800B, HSA compatible		
Eyewear Only Vision Plan — \$10 Copay			Western 2800, HSA compatible		
Dental DHMO Plan			Prescription E (large group only)		
Dental PPO Plan 1/123			Prescription H		
Dental PPO Plan 2/124			Prescription J		
			Prescription W		
			Infertility		
			Chiropractic/Acupuncture (CAM)		