East Allen County Schools
Human Resources Department
1240 State Rd. 930 East, New Haven, Indiana 46774
Phone: 260-446-0100      Fax: 260-446-0107

To: All Employees Enrolled in the Medical Insurance Plan
   *Disregard if Enrolled for “Single” Coverage*

From: Human Resources

Date: June 28, 2013

RE: Additional Information Form - for Processing of Medical Insurance Claims (if applicable, also Dental/Vision)

Employee Plans, LLC, our Third Party Administrator of the medical insurance plan, recommends that each plan participant be provided with an Additional Information Form (AIF) to be completed and sent to Employee Plans, LLC.

The form is attached for your convenience.

The annual request, for completion of the Additional Information Form, allows employees to update their “other coverage” information before claims are encountered.

The completed AIF submission will assist in providing a more timely adjudication process in that a filed claim would not have to be pended awaiting “other insurance” updates.

Please take a few moments to complete this form and forward form to Employee Plans, LLC* (or to Leslie Reisgies). Thank you in advance for your cooperation.

*Employee Plans, LLC
P.O. Box 2362
Fort Wayne, IN 46801-2362
(800) 964-7444 phone; (260) 625-7530 fax
Customer.service@oldnationalins.com