

**Employee Plans
PO Box 2362
Fort Wayne, IN 46801
Office phone: (260) 625-7500
Office fax: (260) 625-7530**

**East Allen County Schools
Group #8702**

Date: _____

ID or SS # _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

I am submitting the following information for your review:

- Student verification form Yearly update form
- Prescription reimbursement Medical claims
- Dental claims Vision form

Additional information: _____

Signature of Employee