



CSEA 9200 Health Benefits Committee

Assistance Request Form

Your Name: _____ County Dept: _____ Email: _____

Your Insurance Plan: _____ Date: _____ Phone(s): _____

Please answer each section clearly to explain what you would like assistance with. Attach any copies that you feel will help the committee in assisting you. Attach copies of any letter sent to or received from your health insurance provider (such as POMCO or one of the HMOs), or from CVS/Caremark, your doctors, dentist, hospital, medical specialist, or ambulance firm.

1. What is it that you would like the Health Benefits Committee to do for you?

2. Who have you spoken to or written to about this? What was the response you received?

3. Do you have supporting documentation? List them and please enclose copies: