



An Independent Licensee of the Blue Cross and Blue Shield Association

EDUCATIONAL INFORMATION AND MATERIAL REQUEST FORM
If your organization touches the lives of uninsured children and adults in Pennsylvania, please complete this form to request materials for your staff, clients, or others.

Date: _____

Organization: _____

Type of Organization: _____

Contact Person: Ms./Mrs./Mr./Dr./_____

Title: _____

Address: _____

City: _____ County: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Please send me the following materials:

Quantities:

- | | | |
|--|---------------|---------------|
| <input type="checkbox"/> Brochures about CHIP and SpecialCare | _____ English | _____ Spanish |
| <input type="checkbox"/> Applications for CHIP | _____ English | _____ Spanish |
| <input type="checkbox"/> Applications for SpecialCare | _____ English | |
| <input type="checkbox"/> Information about other Individual Health Insurance Plans | _____ English | |
| <input type="checkbox"/> I would like an outreach representative to contact me. | | |

PLEASE RETURN THIS FORM TO: Fax: (412) 544-3040
Email: HighmarkCHIP@highmark.com

OR MAIL TO: AnnaMaria Burton – Sr. Product Specialist
 Highmark Blue Cross Blue Shield
 120 Fifth Avenue, P7432, Pittsburgh, PA 15222
 Phone: (412) 544-0522

For internal use only:

Date Mailed:		Application Numbers			
Beg - Eng					
End - Eng					
	Beg - SP				
	End - SP				