



Material Order Form

Institution:	_____
Address:	_____

Attention:	_____

Please send the following forms:

ENROLLMENT/CONVERSION/TERMINATION FORMS

<p>Quantity</p> <p>_____ Medical/Dental/Vision Enrollment/Change Form</p> <p>_____ Group Life Insurance Enrollment Card</p> <p>_____ Long Term Disability Enrollment Card</p> <p>_____ Combination Life/LTD Enrollment Card</p> <p>_____ Vision Plan Enrollment Form</p>	<p>Quantity</p> <p>_____ Termination/COBRA Continuance Form</p> <p>_____ Salary Changes Form</p> <p>_____ Voluntary Accident Insurance Booklet</p> <p>_____ TEFRA/DEFRA Employee Election Form</p>
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CLAIM FORMS

<p>Quantity</p> <p>_____ Oxford Out-of-Network Claim Form</p> <p>_____ Merck-Medco Home Delivery Pharmacy Service Order Form</p>	<p>Quantity</p> <p>_____ Prescription Drug Reimbursement Form</p> <p>_____ Delta Dental Claim Form</p>
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CERTIFICATES OF INSURANCE (WILL BE SENT AS THEY BECOME AVAILABLE)

<p>Quantity</p> <p>_____ Delta Dental Plan Booklet 3440- _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Quantity</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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<p>Return Form to: New Jersey League –Community & Savings Bankers 411 North Avenue East Cranford, New Jersey 07016 Attention: Forms Reorder</p>	<p>NJL Use Only: Processed: _____ By: _____</p>
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MISCELLANEOUS FORMS

Quantity

_____ Oxford Student Verification Forms
 _____ Oxford Exercise Facility Reimbursement Form
 _____ GXL Brochures/Applications

Quantity

_____ Oxford Coordination of Benefits Form
 _____ Group Life Insurance Change of Beneficiary Name

PAMPHLETS

Quantity

_____ "Understanding Your Vision Benefit"
 _____ "Three-Tier Prescription Drug Benefit"
 _____ "Two-Tier Prescription Drug Benefit"

Quantity

_____ "Your Prescription Drug Benefit Plan"
 _____ "Exercise Facility Reimbursement"

PROVIDER DIRECTORIES

		Quantity	Location (State)
<input type="checkbox"/>	Liberty		
<input type="checkbox"/>	Freedom		
<input type="checkbox"/>	Oxford USA		

		Quantity	Location (State)
<input type="checkbox"/>	Liberty		
<input type="checkbox"/>	Freedom		
<input type="checkbox"/>	Oxford USA		

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<input type="checkbox"/>	Liberty		
<input type="checkbox"/>	Freedom		
<input type="checkbox"/>	Oxford USA		