

# Health Benefits

## EVENT REQUEST FORM

Complete the questionnaire and ASCIP's Health Benefits Department  
will assist in coordinating your next event.  
(At least 1 Month notice is appreciated.)

<b>SCHOOL DISTRICT</b>						
	<b>LOCATION 1</b> ___Indoor ___Outdoor	<b>LOCATION 2</b> ___Indoor ___Outdoor	<b>LOCATION 3</b> ___Indoor ___Outdoor			
<b>EVENT PLACE ADDRESS CITY, ST, ZIP</b>						
<b>EVENT DATE(s)</b>						
<b>EVENT TIME</b>	Set up : Start:	End:	Set up : Start:	End:	Set up : Start:	End:
<b>APPROXIMATE # OF ATTENDEES</b>						
<b>DESCRIPTION OF EVENT</b>	___ Health Fair ___ Open Enrollment ___ Other___	___ Health Fair ___ Open Enrollment ___ Other___	___ Health Fair ___ Open Enrollment ___ Other___			
<b>WHO IS THE EVENT FOR?</b>	___ Active Employees ___ Retirees ___ Other_____	___ Active Employees ___ Retirees ___ Other_____	___ Active Employees ___ Retirees ___ Other_____			
<b>EVENT COORDINATOR</b>					<b>PHONE</b>	

PLEASE SELECT WHICH VENDORS ASCIP CAN CONTACT	SUPPLIES
Would you like the vendors to donate a raffle prize? <input type="checkbox"/> NO <input type="checkbox"/> YES	Do you need any supplies? <input type="checkbox"/> NO <input type="checkbox"/> YES (If YES, list the type of supplies and the quantities you will need below.)
___ United Healthcare / Pacificare      ___ MetLife ___ Blue Cross                                ___ Vision Services Plan ___ Delta Dental                                ___ Hartford Life ___ UNUM                                         ___ Other ___ Kaiser (SCREENINGS) ___ Blood ___ Cholesterol ___ Glucose ___ Chair Massage	

Send your completed questionnaire to Yvette Avila at ASCIP by FAX (562) 860 4603 or by email: [avila@ascip.org](mailto:avila@ascip.org). We look forward to assisting you plan a successful event.



**Alliance of Schools for Cooperative Insurance Programs**

12750 Center Court Drive, Suite 205 • Cerritos • CA • 90703 • ph. (562) 403-4640 • [www.ascip.org](http://www.ascip.org)