

**OKLAHOMA STATE AND EDUCATION EMPLOYEES GROUP INSURANCE BOARD**

3545 N.W. 58<sup>th</sup> Street, Suite 110, Oklahoma City, Oklahoma 73112

Email form to: supplyorders@sib.ok.gov

**Education & Local Government Insurance Coordinator  
Supply Order Form**

<b>Quantity</b>	<b>Form Name</b>
_____	Accidental Dismemberment or Loss of Sight Claim Form
_____	Application for Coverage for Other Dependent Children
_____	Application for Life Premium Waiver
_____	Assessment for Disabled Dependent
_____	Authorization to Disclose Health Information
_____	Beneficiary Designation Form
_____	Change Form with Guidelines and Privacy Notice
_____	Change of Address
_____	COBRA Enroll Form - EDLG
_____	COBRA Eligibility for Continuation of Coverage
_____	COBRA General Notice of COBRA Continuance of Coverage Rights
_____	COBRA Qualifying Event Notice
_____	COBRA Important Information about your COBRA Continuation Coverage Rights
_____	Common Law Spouse Form
_____	Employee Benefit Options Book
_____	Enrollment Form with Guidelines and Privacy Notice
_____	Life Insurance Application
_____	Life Insurance Application Brochure
_____	Life Insurance Claim Form
_____	Member Audit Form
_____	Premium Refund Request
_____	Retiree_Vested_NonVest_Defer Insurance Application
_____	Revocation of Authorization to Disclose Health Information
_____	Spouse Exclusion Form
_____	Supply Order Form for Education & Local Government Insurance Coordinator
_____	Termination Form
_____	USERRA Life Retention Form
_____	Handbooks: <b>Limit of 5</b>
_____	_____ Health _____ Dental _____ Life _____ Disability

**Contact HP Administrative Services, LLC at 1-405-416-1800 or 1-800-782-5218 to order the following forms.**

\* Affidavit Lost/Destroyed Check \* Affidavit Stale Dated Check

Coordinator \_\_\_\_\_ Date \_\_\_\_\_

Entity Name \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street) (City) (State) (Zip)