

OKLAHOMA STATE AND EDUCATION EMPLOYEES GROUP INSURANCE BOARD

3545 N.W. 58th Street, Suite 110, Oklahoma City, Oklahoma 73112

Email form to: supplyorders@sib.ok.gov

**State Benefits Coordinator
Supply Order Form**

Quantity	Form Name
_____	Accidental Dismemberment or Loss of Sight Claim Form
_____	Application for Coverage for Other Dependent Children
_____	Application for Life Premium Waiver
_____	Authorization to Disclose Health Information
_____	Beneficiary Designation Form
_____	Assessment for Disabled Dependent
_____	Life Insurance Application
_____	Life Insurance Application Brochure
_____	Life Insurance Claim Form
_____	Member Audit Form
_____	Retiree_Vested_NonVest_Defer Insurance Application
_____	Revocation of Authorization to Disclose Health Information
_____	Supply Order Form for State Benefits Coordinator
_____	USERRA Life Retention Form
_____	Handbooks: <u>Limit of 5</u> _____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)