



**Oklahoma State & Education Employees Group Insurance Board  
WELLNESS PROMOTER INFORMATION**

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

Group #: \_\_\_\_\_ Division #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Insurance Coordinator: \_\_\_\_\_

***Please circle the correct answer.***

Is the Insurance Coordinator also the Wellness Promoter?    Yes    No

*If not, please complete the following:*

Wellness Promoter's name: \_\_\_\_\_

Is this the primary Wellness Promoter?    Yes    No

Does the Wellness Promoter have Internet access?    Yes    No

Wellness Promoter's email address (office): \_\_\_\_\_

Are you interested in receiving wellness information?    Yes    No

Are you interested in having a health fair for your employees?    Yes    No

Are you interested in receiving information on the new health risk assessment?    Yes    No

Comments or Suggestions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail to: OSEEGIB, Attn: Cassie Waters  
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