Office of Management and Enterprise Services
Employees Group Insurance Division

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 Non-Vest Defer Insurance Application
_____	Revocation of Authorization to Disclose Health Information
_____	Supply Order Form for State Benefits Coordinator
_____	USERRA Life Retention Form
_____	Handbooks: **Limit of 5**

_____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)

Revised 6/3/2013