

**Georgia Department of Community Health
State Health Benefit Plan
Materials Order Form**

ORDERING INSTRUCTIONS:

1. Fill in # of packets of form(s) requested and complete the shipping information section below.
2. Place an order: call (404) 656-2713, e-mail the request to jvinson@dch.ga.gov, or mail this completed form to: State Health Benefit Plan Attn: Forms Order Request, P.O. Box 1990, Atlanta, GA 30301-1990, or fax to (404) 656-6405. Please allow 7-10 workdays for delivery.
Note: ***This form is available on our website, www.dch.georgia.gov/shbp_plans.
3. You will NOT be charged a fee for SHBP materials. This form reflects the cost for SHBP internal purposes.

NOTE: SHBP IS NO LONGER PRINTING ELIGIBILITY FORMS OTHER THAN THE DECISION GUIDES. ALL FORMS ARE AVAILABLE AT www.dch.ga.gov/shbp for printing.

DATE	DESCRIPTION						
Form #	NAME	Qt./Cost	Qt./Cost	Qt./Cost	Qt./Cost	Qt./Cost	# to ORDER
2010	New Enrollees Decision Guide	100/\$24	200/\$34	300/\$42	400/\$52	500/\$60	

DELIVER TO:

Entity Name: _____ Payroll #: _____

Street Address: _____
(No P.O. BOXES)

City, State, Zip Code: _____

Contact Name: _____ Phone #: _____ Date: _____