



# Supply Requisition Form

Fax form to:  
916.568.1338  
or  
Email form to:  
WHASales@  
westernhealth.com

2349 Gateway Oaks Drive  
Suite 100  
Sacramento, CA 95833

916.563.2250 or  
888.563.2250

Visit our website for more  
information at:  
westernhealth.com

## REQUESTED BY

<input type="checkbox"/> Broker <input type="checkbox"/> Employer group
Requestor name
Requestor phone

## SHIP TO

<input type="checkbox"/> Broker <input type="checkbox"/> Employer group	Group no.
Company	
Attention	
Physical address	
City/State/Zip	
Phone	

## ENROLLMENT KITS

(Kits include Benefit Tips, Copayment Summaries and Enrollment Change Forms)

**QTY  
ENGLISH**

**QTY  
SPANISH**

Class 1: Medical Plan _____ Rx Plan _____		
Infertility Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No	MES Vision Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Coaching Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No	MES Vision Plan _____	
Class 2: Medical Plan _____ Rx Plan _____		
Infertility Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No	MES Vision Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Coaching Rider: <input type="checkbox"/> Yes <input type="checkbox"/> No	MES Vision Plan _____	

## ITEM

**QTY ENG.**

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**QTY SP.**

Benefit Comparison		Provider Directory — Commercial		
Marketing Brochure		Benefit Tips		
Employer Group Application		Enrollment/Change Form		
Standard Risk Rates — Region 1		EOC — Commercial		
Standard Risk Rates — Region 2		EOC — HSA		
Sole Proprietor/Owner/Partnership Form		Premier 5 (large group only)		
Waiver Form		Premier 10		
Termination Form		Premier 15		
Group Service Agreement — Large		Premier 20		
Group Service Agreement — Small		Premier 40		
Healthroads Fitness Planning		Advantage 15-30		
Healthroads Coaching — Broker/Employer		Advantage 420		
Healthroads Coaching — Member		Advantage 70		
Assist America		Advantage 40		
Full Service Vision Plan — \$0 Copay		Western 4010		
Full Service Vision Plan — \$10 Copay		Western 2025		
Eyewear Only Vision Plan — \$0 Copay		Western 4025		
Eyewear Only Vision Plan — \$10 Copay		Western 1800, HSA compatible		
		Western 2800B, HSA compatible		
		Western 2800, HSA compatible		
		Prescription A		
		Prescription E		
		Prescription H		
		Prescription W		
		Infertility		
		Chiropractic/Acupuncture (CAM)		