

**NEW YORK STATE AGENCY
EMPLOYEE INFORMATION DAY/HEALTH FAIR REQUEST FORM**

Congratulations on hosting an Employee Information Day or Health Fair. This request form has been designed by the Employee Benefits Division (EBD) and is for New York State Agencies, only. Please complete this form in its entirety and submit your request, **at least 4 weeks prior to your event date**. An EBD Communications Unit representative will contact you to confirm receipt of your request.

An Empire Plan representative must be approved to attend before Health Maintenance Organizations (HMOs) are authorized to attend. Please await EBDs confirmation, we will provide you the name of the representative(s) scheduled to attend your event, usually, within 3 to 5 business days. Please call the EBD Communications Unit (ph) 518-457-7577; (fax) 518-402-4697, if you require assistance completing the form, or have any questions. Good luck with your event!

Today's Date	
Name & Title of the person completing this request form	
Event Contact (<i>name, title, if different from above</i>)	
<hr/> <hr/>	
Phone () - ext.	
<hr/>	
Fax () -	
<hr/>	
Email:	
Agency Code	
Agency Name	
Agency Address (<i>street address, room number, city, state, zip and county</i>)	
<hr/> <hr/>	
Name of Event	
Event Date	
Hours of Event	
Date of Last Health Fair	

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The following information is utilized to assist the Employee Benefits Division in estimating an appropriate volume of group specific and other benefit materials. Exact data is not required; however, please be conservative in estimations as publications and shipping are provided at no cost to your agency and NYSHIP participation is not contingent upon estimated attendance. The New York State Department of Civil Service strives to provide representatives and materials for every event.

At the conclusion of your event all leftover materials may be retained for future use by your Human Resources or Personnel Office; however, our representatives will not take excess materials and we do not provide return shipping labels to return these publications to our inventory.

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Number of NYSHIP Enrollees *	
Expected NYSHIP Attendance *	
<p>Percentage (%) of Enrollees in EACH union</p> <p>Ex: Number of NYSHIP Enrollees = <i>Approx 200</i></p> <p>100 PEF Employees = 50 % PEF</p> <p>50 CSEA Employees = 25% CSEA</p> <p><u>+ 50 M/C Employees = + 25% M/C</u></p> <p>= 200 Total: 100%</p>	
Other nearby agencies/facilities invited	
Name and STREET ADDRESS where materials can be shipped to in advance (if different than above)	
<p>Check the box below if you would like EBD to schedule additional representatives from the following Empire Plan carriers:</p> <p style="text-align: center;"><input type="checkbox"/> Dental</p> <p style="text-align: center;"><input type="checkbox"/> Vision</p>	
<p>Facility Instructions <i>Information or details to assist EBD in preparation for, and traveling to your event, i.e., generic driving directions, campus maps, visitor parking, security protocols, etc.</i></p>	