

**NEW YORK STATE
PARTICIPATING AGENCY (PA) & PARTICIPATING EMPLOYER (PE)
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 Participating Agencies (PA) and/or Participating Employers (PE) groups 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 EBD's confirmation; we will provide you the name of the representative(s) scheduled to attend your event, usually within 5 to 7 business days. Please call the EBD Communications Unit at 518-457-7577 if you require assistance completing the form or have any questions.

Today's Date	
Name & Title of person completing this request form	
Contact Person for the Health Fair <i>(if different than above include name and title)</i>	
Phone () - , ext. Fax () - , ext. Email:	
<i>Your Agency Health Benefits Administrator (HBA) must attend the health fair event; if your HBA is unavailable, a Human Resources or Personnel Unit staff member may attend in their place. Please provide the name/title as confirmation of attendance, below:</i>	
Agency Code	
Agency Name	
Agency Address (street address, room number, city, state, and zip)	
Name of Event	
Event Location <i>(if different than agency address)</i> Please include room info, if applicable	
Event Date	
Hours of Event	
Date of Last Health Fair	

Total Number of NYSHIP Enrollees *		
Expected NYSHIP Attendance *	<u>ACTIVE</u>	<u>RETIREEES</u>
Other nearby agencies/facilities invited		
Name and Street Address where materials can be sent in advance (if different from above)		
Facility Instructions (<i>Provide any information and details to assist EBD in preparation for your event, i.e., generic driving directions, campus or facility maps, visitor parking, security check-in or vendor check-in instructions, etc</i>)		

**This information is used to determine an appropriate volume of benefit specific publications and materials for your event, exact data is not required. Please be conservative in your 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. Thank you for your cooperation.*