



An Independent Licensee of the Blue Cross and Blue Shield Association

**EDUCATIONAL INFORMATION AND MATERIAL REQUEST FORM**  
**If your organization touches the lives of uninsured children and adults in Pennsylvania,**  
**please complete this form to request materials for your staff, clients, or others.**

Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

Contact Person: Ms./Mrs./Mr./Dr./\_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Please send me the following materials:**

**Quantities:**

- Brochures about CHIP, adultBasic, and SpecialCare \_\_\_\_\_ English \_\_\_\_\_ Spanish
- CHIP Posters \_\_\_\_\_ English \_\_\_\_\_ Spanish
- Applications for CHIP and adultBasic \_\_\_\_\_ English \_\_\_\_\_ Spanish
- Applications for SpecialCare \_\_\_\_\_ English
- Information about other Individual Health Insurance Plans \_\_\_\_\_ English
- I'd like to schedule a staff/client/public presentation about programs for uninsured individuals and families.

**PLEASE FAX THIS FORM TO: (717) 561 - 8978**  
**OR MAIL TO: Lillian Bates, Outreach Specialist**  
 Highmark Blue Shield  
 6180 Mifflin Avenue, Harrisburg, PA 17111-4279  
 Phone: (717) 302-5342 ❖ Cell (717) 602-4134

**For internal use only:**

Date Mailed:		Application Numbers			
Beg - Eng					
End - Eng					
	Beg - SP				
	End - SP				