

# VLCT HEALTH TRUST, INC. MEMBER INFORMATION & EDUCATION REQUEST FORM

Please let us know if we can be of further assistance to you. Complete the section below if you would like us to schedule an informational meeting at your municipality to discuss in detail any changes regarding your health plan and/or any other VLCT Health Trust plan or program.

Name of Municipality: \_\_\_\_\_ County: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Please check topics below which you would like to discuss at the meeting:**

\_\_\_ Current Health Plan(s)

\_\_\_ Alternative Health Plan(s) such as **(check all you would like to discuss)**:

\_\_\_ HP Plans \_\_\_ OAP Plans \_\_\_ HSA Plans \_\_\_ Medicare Advantage

\_\_\_ Dental Plan

\_\_\_ COBRA Administration

\_\_\_ Vision Plan

\_\_\_ Section 125 - Cafeteria Plans

\_\_\_ Group Life & Disability Insurance

\_\_\_ Leader Program

\_\_\_ Group Long Term Care Insurance

\_\_\_ Other: \_\_\_\_\_

**Please return to:** VLCT Member Relations Department  
89 Main Street, Suite 4  
Montpelier, VT 05602-2948  
Phone: 1-800-649-7915  
Fax: 802-229-2211  
E-mail: info@vlct.org

