

# Request Assistance from a Benefits Advisor

To get a Benefits Advisor to call you, submit your name, address and phone number

[General Information](#) [Printable Mail-In Form](#) [Español](#)

\* Denotes required information.

OMB Control Number: 1210-0146 Exp. Date: 03/31/2024

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## Your Information

First Name:\*  Middle Initial:  Last Name:\*

Street Address:

City:  State/Zip:\*

Phone Number (Business Hours):\*    Ext:  Telephone Type

Alternate phone number:    Ext:  Telephone Type

Email Address:\*

Please provide more detailed information about why you are requesting assistance

4000 Characters Remaining

### Which type of plan is this request for?

- Health Plan (such as medical, dental, vision, etc.)  
 Retirement/Pension Plan (such as 401(k), defined benefit, profit sharing, etc.)  
 Other Benefit Plan (such as long term/short term disability, severance, life insurance, etc.)

Submit

Provide additional information for the Benefits Advisor

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### Employee Benefits Security Administration

An agency within the U.S. Department of Labor

200 Constitution Ave NW  
Washington, DC 20210  
1-866-4-USA-DOL  
1-866-487-2365  
[www.dol.gov](http://www.dol.gov)

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