

# 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

- 1. Your Information
- 2. Your Request
- 3. Employer/Plan Contact Information
- 4. Additional Information

## Attachments

If you have attachments you want to include with your inquiry select the appropriate button below. If you select yes, after submitting your inquiry you will receive a confirmation. Click the Exit button to be directed to the attachment upload page.

Examples of Relevant Attachments are:

- claims
- insurance cards or benefits statements
- notices of potential pensions from the Social Security Administration
- any responses received from your inquiries to the plan administrator
- relevant portions of the plan documents or summary plan description

- Yes, I have attachments I would like to upload.
- No, I do not have any attachments.