

# WAREHOUSE REQUISITION



Unique Request # \_\_\_\_\_

Customer # 19349-06

Cost Center # **319**

Please create a new unique number for each request.  
Request number should be your 2 initials followed by an 8 position date (e.g. XXMMDDYY)

## ORDER INSTRUCTIONS

- Order quantities are based on a package basis. The number of forms/envelopes in each package is identified. For example, to order 50 Prior Coverage/Other Coverage Information forms, specify an order quantity of 2 (2 packages of 25 each).
- The Ship To Address must be completed for your order to be processed. Please use your street address.
- FAX** your order to **1-800-322-1093**.
- Retain this order form for your records.

SHIP TO ADDRESS			REQUESTOR INFORMATION	
COMPANY NAME	AGENT #		CONTACT NAME	
ATTENTION			PHONE NUMBER	
STREET (DO NOT USE POST OFFICE BOX)		SUITE #	FAX NUMBER	
CITY	STATE	ZIP CODE	<input type="checkbox"/> Check Here If Address Has Changed	

## STATE HEALTH PLAN FORMS

FORM NAME	FORM NUMBER	QUANTITY PER PACKAGE	PACKAGES ORDERED
<b>Enrollment Forms</b>			
New Employee Enrollment Kit for BEACON, eBenefitsNow and Paper Agencies	<b>SHPK3</b>	1	
PPO Basic Booklet	<b>SHP-292</b>	1	
PPO Standard Booklet	<b>SHP-293</b>	1	
<b>Other Forms</b>			
Request for Incapacitated Dependent Coverage	<b>P17</b>	25	
Prior Coverage / Other Coverage Information	<b>G266</b>	25	

QUESTIONS? Call **1-800-322-1061** for assistance.

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