

***Non-Profits *Churches *Businesses *Leagues *Causes *Associations**

Fundraiser / Funding / Benefits Request Form



Benefits Outreach Specialist

**Hassle Free, No-Obligation Information For Benefits
That You Have Earned & Deserve!**

*Choices * Options * Solutions*

Name of Organization:

Contact Person / Position:

Phone / Email Address:

Address / City / State / Zip:

Number of Members:

Fundraiser Goal / Time Frame:

Upon Request, Your Benefits Outreach Specialist Provides Outreach Workshops On The Following:

_____ Medicare Annual Changes _____ Affordable Care Act Annual Changes _____ Healthcare Savings Programs

Please Email Completed Form To Your Benefits Outreach Specialist For Processing.