


WORKSTAR
HEALTH SERVICES INC.

Complete this form, then mail or fax to us at 440-922-0099 by 5:00PM May 28th, 2010.

Employer policy number: _____ (Use the 8 digit number located on your certificate of coverage.)

Company Name: _____

Doing business as: _____

Contact name: _____

Number of employees: _____

Phone number with extension: (____) _____-_____ ext. _____

Fax number: (____) _____-_____

County of operation: ____ (Use the two digit number from MCO county table in the Open Enrollment Guide.)

Mailing Address: _____

City: _____ State: ____ Zip Code: _____

Name of MCO Selected: WorkStar Health Services, Inc.

MCO number: 10074

Employer Signature: _____

Employer name (print): _____

Employer Title: _____

Date: _____



Employer's right to select:

An employer may select any MCO that meets its individual Business needs. The MCO Selection is solely the employer's choice.

Mail or fax form to:

GCADA
10100 Brecksville Rd
Brecksville, OH 44141
Fax: 440-922-0099