

## SOUTH CENTRAL SERVICE COOPERATIVE

2075 Lookout Drive • North Mankato, Minnesota 56003-1912 General (507) 389-1425 • FAX (507) 389-1772 • www.mnscsc.org

## **Insurance Contact Information**

Froup Name: Primary Administrative Contact:		τ:	litle:	
Address:	E-Mail:		Phone:	
Health Insurance	Name of Current Carrier:			
Supt. Or Chief Administrator	Name:	E-Mail:	E-Mail:	
	Title:	Fax Numbe	Fax Number:	
	Phone Number:	Address:		
ACH Draw	Name:	E-Mail:	E-Mail:	
	Title:	Fax Numbe	Fax Number:	
	Phone Number:	Address:	Address:	
Insurance Meeting Notifications:	Name:	E-mail:	E-mail:	
	Title:	Fax Numbe	er:	
	Phone Number:	Address:		
Wellness Coordinator:	Name:	E-Mail:	E-Mail:	
	Title:	Fax Numbe	er:	
	Phone Number:	Address:		
Agent of Record:	Name of Agency:	E-Mail:	E-Mail:	
	Name of Agent:	Fax Numbe	er:	
	Phone Number:	Address:		
		•		
Life Insurance	Name of Current Carrier:			
	Purchase Through SCSC:	Yes □ N	lo 🗆	
	Name of Agent:			
Long Term Disability Ins.	Name of Current Carrier:			
,	Purchase Through SCSC:	Yes □ N	lo 🗆	
	Name of Agent:			
Workers Comp. P & C	Name of Current Carrier:			
·	Purchase Through SCSC:	Yes □ N	lo 🗆	
	Name of Agent:			
Dental Insurance	Name of Current Carrier:			
	Purchase Through SCSC:	Yes □ N	lo 🗆	
	Name of Agent:			
Vision Insurance:	Name of Current Carrier:			
	Purchase Through SCSC:	Yes □ N	lo 🗆	
	Name of Agent:			
This form was undated on By (Name & Title)				

Thank you for your cooperation!

Please e-mail your completed form to: krose@mnscsc.org or mail to Kelsey Rose at the above address, or complete by telephone at 507-389-6999.

Rev. 9/24/15

Affirmative Action/Equal Opportunity Employer