



REQUEST FOR EAP PROMOTIONAL MATERIALS

E-mail to EAPAcctSupp@aetna.com

Email this form

COMPANY NAME	
NAME OF PERSON REQUESTING MATERIALS	
CONTACT PHONE # OF PERSON REQUESTING MATERIALS	
E-MAIL ADDRESS OF PERSON REQUESTING MATERIALS	

WHO IS THE AETNA EAP ACCOUNT MANAGER?	
DOES THE PROGRAM INCLUDE TELEPHONIC WORK LIFE SERVICES?	

Please complete this information for each item requested and for each shipping location:

	<u>Item Name</u>	<u>Item Number</u>
ITEM REQUESTED (i.e. dog poster, wallet card, etc.)		
QUANTITY NEEDED		
ANY CUSTOMIZATION NEEDED?		
DATE NEEDED		
SHIP TO ATTENTION OF:		
SHIPPING ADDRESS		

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