



Missouri Department of Transportation &  
Missouri State Highway Patrol



**MEDICAL AND LIFE INSURANCE PLAN**

105 West Capitol  
PO Box 270  
Jefferson City, MO 65102

Toll free 877-863-9406  
Fax 573-522-1482

**Electronic Opt-In Request Form  
Paperless Option Now Available!**

Each year, the MoDOT & MSHP Medical and Life Insurance Plan (Plan) is required to provide our Medicare members with the enclosed Plan materials. If you prefer to receive this information electronically simply complete and return the form below for each Medicare member enrolled in the Plan to the MoDOT Employee Benefits Office.

<b>Member Information</b>		
Name	Birthdate	
Email Address	Phone Number	
Member ID Number		
<b>Authorization</b>		
I authorize the Plan to email me the ANOC/EOC, abridged Formulary, and Summary of Benefits Plan documents, beginning with calendar year 2019 Plan materials. I understand that I may request a paper copy of any of these documents at any time by contacting the Plan and that I may at any time revoke in writing this request to receive Plan materials electronically.		
Member Signature	Date	
If you are an authorized representative, please sign below (the Plan may request supporting documentation of your authorization)		
Signature of Authorized Representative	Relationship	Date

Please complete all sections above, sign, date, and return to the MoDOT Employee Benefits office by one of the following methods:

- Mail – MoDOT Employee Benefits, P.O. Box 270, Jefferson City, MO 65102
- Fax – (573) 522-1482
- Electronic – [benefits@modot.mo.gov](mailto:benefits@modot.mo.gov)