Missouri Department of Transportation &



Missouri State Highway Patrol

MEDICAL AND LIFE INSURANCE PLAN

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| 105 West Capitol  PO Box 270  Jefferson City, MO 65102 | Toll free*Fax* | 877-863-9406  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.

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| **Member Information** | | | |
| Name | | Birthdate | |
| Email Address | | Phone Number | |
| Member ID Number | | | |
| **Authorization** | | | |
| I authorize the Plan to email me the ANOC/EOC, abridged Formulary, and Summary of Benefits Plan documents, beginning with calendar year 2020 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)