Employee Assistance Program (EAP)

Wellness Seminar Request Form

To begin the process of scheduling an EAP wellness seminar or management training, please complete this form and return to the Employer Service Coordinator team via email or fax:

- **E-mail:** eshcomments@cigna.com
- **Fax:** I-877-420-7066

If you need assistance with selecting a topic or have questions, please contact the **Employer Service Coordinator team** at **I-800-577-939I** or via e-mail.

- **Planning:** Please allow for **four (4) weeks' advance notice** (6-8 weeks for legal or financial seminars).
- **Employer Service Hours (ESH):** Seminars that are **30 minutes in length** deduct one full ESH. **Legal seminars** deduct two (2) ESH per each request; **financial seminars** deduct three (3) ESH per each request.
- **Cancellation policy:** Cancellations or changes made with less than **5 full business days'** notice will be billed to the Employer Service Hours (ESH) for your company.
- **Webinars:** Recording, copying, reproduction, modification, or distribution of this material or the presentation in whole or in part is prohibited without express prior written consent.

I. Site information

Company name:	Division (if applicable):
Site Contact Name:	Phone:
Email:	Type of Business:
Business Address* (Street, City, State ZIP): *Required for both onsite <u>and</u> virtual seminars*	

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2. Delivery method details

Seminars may be delivered on-site using a local presenter, virtually via your organization's virtual platform, or a combination of both. Please provide details below:

For ONSITE seminars:	For VIRTUAL webinars:
Address for event(s): Same as business address ☐ **Confirmation of equipment:** Projector ☐ Computer ☐ **Additional information:** *(e.g., room setup, event specifics, etc.)*	**Does the presenter need video capability?** Choose one **Virtual platform used (Webex, Zoom, etc.):** *Note: Technology to support web delivery must provided and managed by your organization.* **Additional information:** *(e.g., audience details, platform specifics, etc.)*

3. Seminar specifics

I. Session title from catalog:	Number of sessions:
Session length *(see available time frame options for selected topic in the catalog)***:**	

Date options:	Time options:	Time zone: Choose one

Delivery method: • **Onsite:** ☐ • **Virtual:** ☐ • **Onsite with remote attendees:** ☐	**Expected # of attendees:** **Additional information:** *(e.g., issues at the site, reason for request, etc.)*

2. Session title from catalog:	Number of sessions:
Session length *(see available time frame options for selected topic in the catalog)***:**	

Date options:	Time options:	Time zone: Choose one

Delivery method: • **Onsite:** ☐ • **Virtual:** ☐ • **Onsite with remote attendees:** ☐	**Expected # of attendees:** **Additional information:** *(e.g., issues at the site, reason for request, etc.)*

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3. Session title from catalog:	Number of sessions:

Session length *(see available time frame options for selected topic in the catalog)***:**

Date options:	Time options:	Time zone: Choose one

Delivery method:

- **Onsite:** ☐
- **Virtual:** ☐
- **Onsite with remote attendees:** ☐

Expected # of attendees:

Additional information:
(e.g., issues at the site, reason for request, etc.)

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4. Session title from catalog:	Number of sessions:

Session length *(see available time frame options for selected topic in the catalog)***:**

Date options:	Time options:	Time zone: Choose one

Delivery method:

- **Onsite:** ☐
- **Virtual:** ☐
- **Onsite with remote attendees:** ☐

Expected # of attendees:

Additional information:
(e.g., issues at the site, reason for request, etc.)

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5. Session title from catalog:	Number of sessions:

Session length *(see available time frame options for selected topic in the catalog)***:**

Date options:	Time options:	Time zone: Choose one

Delivery method:

- **Onsite:** ☐
- **Virtual:** ☐
- **Onsite with remote attendees:** ☐

Expected # of attendees:

Additional information:
(e.g., issues at the site, reason for request, etc.)

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