

# Wellness Fair Request Form

A wellness fair is an opportunity for your company to provide employees with information about their benefits. The EAP Employer Service Coordinators (ESCs) will schedule an EAP representative to attend your company's virtual or onsite wellness & benefit fair. Return the form to the ESC team or reach out with any questions:

- **E-mail:** [eshcomments@cigna.com](mailto:eshcomments@cigna.com)
- **Phone:** 1-800-577-9391
- **Fax:** 1-877-420-7066

- Please note that we request a minimum of **four (4) weeks' advance notice** when scheduling an event.
- **Onsite EAP representation will deduct Employer Service Hours (ESHs).** Hours used beyond your annual allotment may incur an additional cost. Contact your Account Manager for questions on available ESHs.
- Cancellations or changes made with less than **5 full business days'** notice will be billed to the Employer Service Hours (ESH) for your company.

## Company information:

<b>Company name:</b>	<b>Number of employees onsite:</b>
<b>Business Address:</b> <i>*Required field for both onsite <u>and</u> virtual events</i>	
<b>Site Contact Name:</b>	<b>Phone:</b> <i>*Required field for materials shipment</i>
<b>Email:</b>	
<b>Name and address of contact to whom wellness fair materials should be sent:</b> Same as above <input type="checkbox"/>	

## Wellness/benefits fair specifics:

<b>Onsite Event</b> <input type="checkbox"/> <b>Address of the event:</b> Same as above <input type="checkbox"/>	<b>Virtual Event</b> <input type="checkbox"/> Does the presenter need video capability? Choose one <b>Virtual Platform (Webex, Zoom, etc.):</b> <i>*Note: Technology must be provided and managed by your company.</i>	
<b>Date of Event(s):</b>	<b>Time options:</b>	<b>Time zone:</b>
<b>Is an EAP representative needed*?</b> Choose one		
<b>Number of giveaways needed:</b>	<b>Number of EAP brochures requested:</b> Virtual Brochure Only <input type="checkbox"/>	
<b>Additional information:</b> (e.g., audience details, platform specifics, etc.)		