

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:** 1-877-420-7066

If you need assistance with selecting a topic or have questions, please contact the **Employer Service Coordinator team** at **1-800-577-9391** or via e-mail.

- Please allow for **4 weeks advance notice** (6-8 weeks for legal or financial seminars)
- Cancellations or changes made with less than **5 full business days'** notice will be billed to the Employer Service Hours (ESH) for your company.
- **Legal and financial seminars** deduct 2 ESH for each onsite hour. Seminars that are **30 minutes in length** deduct one full ESH.
- **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.

Site information:

| | | |
|--|----------------------------------|------------------|
| Company name: | Division (if applicable): | |
| Site Contact Name: | Phone: | |
| Email: | Type of Business: | |
| Business Address *Required field: | | |
| Street address: | | |
| City: | State: | Zip code: |

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Seminar specifics:

| | | |
|--|---|---|
| I. Session Title from Catalog: | | Number of sessions: |
| Date Options: | Time Options: | Time zone: |
| Onsite seminar: <input type="checkbox"/> | Virtual/Webinar <input type="checkbox"/> | Does the presenter need video capability? |
| Onsite with remote attendees: <input type="checkbox"/> | Virtual platform used (Webex, Zoom, etc.): | |
| Address for Event: | <i>Note: Technology to support web delivery must be provided and managed by your organization</i> | |
| Same as business address <input type="checkbox"/> | Expected # of Attendees: | |
| Confirmation of Equipment: Projector <input type="checkbox"/> | | |
| Computer <input type="checkbox"/> | | |
| Expected # of Attendees: | | |
| Comments (e.g., current issues at the site, audience details, etc.): | | |

| | | |
|--|---|---|
| 2. Session Title from Catalog: | | Number of sessions: |
| Date Options: | Time Options: | Time zone: |
| Onsite seminar: <input type="checkbox"/> | Virtual/Webinar <input type="checkbox"/> | Does the presenter need video capability? |
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| Confirmation of Equipment: Projector <input type="checkbox"/> | | |
| Computer <input type="checkbox"/> | | |
| Expected # of Attendees: | | |
| Comments (e.g., current issues at the site, audience details, etc.): | | |

Additional information (Examples: Additional site contact information, room setup, etc.):

