



SelectHealth, Inc. • P.O. Box 30192 • Salt Lake City, UT 84130-0192 • 800-538-5038 • [selecthealth.org](http://selecthealth.org)

# SMALL EMPLOYER EMAIL OPT IN FORM

Employer Name \_\_\_\_\_ Employer ID \_\_\_\_\_

Use this form to sign up for email communication from SelectHealth®. We will use the email address you provide below to send plan-related information such as your contract, Summary of Benefits and Coverage, notification renewal packets, and premium information.

**Yes, I would like to receive communication and notices via email. I further acknowledge that this email address is regularly monitored by a company representative, and I agree to notify SelectHealth of any changes to this email address.**

Employer Email Address \_\_\_\_\_

Authorized Employer Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
(First, MI, Last)

Authorized Employer Signature \_\_\_\_\_ Date Signed \_\_\_\_ / \_\_\_\_ / \_\_\_\_

If you would like to opt out of email communication at any time, please email us at **SHSmallEmployerSales@selecthealth.org** with your group name , group ID, and indicate you would like to receive paper communication.

Please scan and email this signed form to SelectHealth at **SHSmallEmployerSales@selecthealth.org** or your SelectHealth agent. If you would like to change your email address or request a paper copy of any document you receive electronically, call **844-442-6294**. All requests will be processed within five business days.