

PEBB Packet Request Form

48361054 (1/19)



PLEASE PRINT CLEARLY

*** This information is mandatory.** Enrollment may be delayed if fields with an asterisk are not filled out.

Section 1 Account holder information

* First name	M.I.	* Last name		
* Mailing address	* City		* State	* ZIP
* Physical address	* City		* State	* ZIP
* Email address	* Phone number			

Return the completed form to BenefitHelp Solutions

Mail: BenefitHelp Solutions, P.O. Box 67230, Portland, OR 97268 **Fax:** 503-243-3949 **Email:** bhscobra@benefithelp-solutions.com

Questions? Contact BenefitHelp Solutions at 888-387-5440, Monday - Friday 7:30 a.m. to 5:30 p.m. PST.