

MCO Open Enrollment Selection Form

To ensure your participation, please fax, email or mail this form no later than 3:30pm EST 5/28/2021

Fax 513.672.4515 | **Email** andreak@sheakley.com | **Mail** 1 Sheakley Way, Cincinnati, OH 45246

PLEASE MAKE SURE ALL OF THE FOLLOWING INFORMATION IS PRINTED CLEARLY

Policy Number _____

Business Name _____

Doing Business As _____

Contact Name _____
First (Printed or Typed) MI Last (Printed or Typed)

Phone Number _____ Extension _____

Fax Number _____

Mobile Number _____

Number of Employees _____ Primary Ohio County of Operation _____

Name of MCO Selected **SHEAKLEY UNICOMP, INC** MCO Number (5 Digit Number) **10002**

Employer Signature _____ Date _____

Title _____ E-mail Address _____

DISCLAIMER *Employer's Right to Select*

An employer may select any MCO that meets its individual business needs during open enrollment periods. Selection of the MCO is solely the choice of the employer.

To ensure proper employer identification please provide the following information

Mailing Address _____

City _____ State _____ Zip _____

Federal Employer ID Number _____ I am a new employer in the State of Ohio Yes No

For more information call our Managed Care Hotline 1.888.743.2559 x7070 | 513.618.1249 x7070

2021 MCO OPEN ENROLLMENT IS FROM May 3 - May 28