



# Health Benefit Services Division Agency Contact Sheet

Agency Name: \_\_\_\_\_ CalPERS Employer Code: \_\_\_\_\_

Number of Employees \_\_\_\_\_ Inter-Agency Mail Code / Mail Stop: \_\_\_\_\_ (State Agencies)

## Health Benefits Officer

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Health Benefits Assistant(s)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address / E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address / E-mail: \_\_\_\_\_

## Health Accounting Contact (Public Agencies)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Address / E-mail: \_\_\_\_\_