

# Aurora Employee Assistance Program

*Better Access . . .*

*Better Service . . .*

**Better Results.**

*Fax or mail form to:*  
Aurora Employee  
Assistance Program  
2500 N. Mayfair Road  
Suite 630  
Milwaukee, WI 53226

*Fax (414) 257 2256*

*Phone (414) 257 3949 or  
(800) 511 4804*



## *Request for Information (Please print)*

Please call me to discuss how the Aurora EAP can help my company

Please submit a proposal for EAP services for our organization

Other \_\_\_\_\_

\_\_\_\_\_

Please provide the following information so we may respond to your request:

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Company Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website address \_\_\_\_\_ Email \_\_\_\_\_

Number of employees \_\_\_\_\_

If employees are in more than one location, list locations and number of employees at

each site: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Business \_\_\_\_\_

Union  Non-Union Number of Shifts \_\_\_\_\_

Health Insurance Type  HMO  PPO  POS  Indemnity  Multiple

Carrier \_\_\_\_\_

Mental Health Coverage

Carve-out plan \_\_\_\_\_ Incentivized network \_\_\_\_\_

Any special limitations/exclusions \_\_\_\_\_

Any other information we should know about your company:

*(special demographics, language barriers, average age, etc.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EAP model requested *(check as many as apply):*

Assessment & Referral

Short-Term Problem Resolution

Access *(incentivized use of EAP as  
referral into mental health benefits)*

Care Coordination  
*(ongoing coordination of outpatient care)*

Wellness & Prevention