HealthPartners®

2008 Flu Shot Clinics – Employer Registration
HealthPartners Worksite Health

Employer registration must be completed by October 1, 2008, in order to guarantee service from a HealthPartners flu vendor.

Note: Please print as shown below. Stay within the boxes. Use black ink. Use CAPITAL letters only.

S A M P L E 1 2 3

Today's Date: ☐☐/☐☐/☐☐☐☐ ☐ Fully Insured ☐ Self-Insured

Company Name:

HealthPartners Group Number:

Main Phone: ☐☐☐-☐☐☐-☐☐☐☐

Mailing Address:

City: **ST:** **Zip:**

Company Contact Person:

Direct Phone: ☐☐☐-☐☐☐-☐☐☐☐ **Fax Number:** ☐☐☐-☐☐☐-☐☐☐☐

E-Mail Address:

Program and Payment Options (*check one*):

☐ 1) Include only HealthPartners covered employees ☐ 2) Include HealthPartners covered employees and covered dependants

Indicate your preferred HealthPartners flu vendor:

☐ 1) No preference ☐ 2) Preferred vendor

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Indicate in which language(s) you'd like to receive the CDC information sheets:

☐ English ☐ Spanish ☐ Other (Specify)

Number of Location(s): ☐☐ *Please complete requested information for each location.*

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LOCATION SPECIFIC INFORMATION

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Location #1:

Estimated number of shots: HealthPartners Group #:

Location #2:

Estimated number of shots: HealthPartners Group #:

Location #3:

Estimated number of shots: HealthPartners Group #:

Location #4:

Estimated number of shots: HealthPartners Group #:

Location #5:

Estimated number of shots: HealthPartners Group #:

We look forward to working with you.
If you have any questions, please call 952-883-7574.
You can also fax to (952) 853-8732.