

Eastern Select Services, Inc.



Employee Benefits & Communication Specialist
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Johnny C. Honeycutt
Benefit Specialist

Use this form as cover letter for fax or mail.

FOR WELLNESS CLAIMS ON TRANSAMERICA CANCER and or ACCIDENT POLICY:

1. NEED COPY FROM DOCTOR OR HOSPITAL SHOWING DIAGNOSIS OF TEST PERFORMED BY NAME OR PROCEDURE CODE.
2. WRITE POLICY # ON FORM AND THEN

FAX OR MAIL TO TRANSAMERICA WORKSITE
WELLNESS CLAIMS
P.O. BOX 8063
LITTLE ROCK, AR 72203

TOLL FREE FAX 1-866-586-6528

\$100.00 PER COVERED PERSON PER CALENDAR YEAR FOR SPECIFIED SCREENINGS.

Name _____
Address _____

Phone# _____
Policy # _____ or SS# _____

Date: _____