



**FORT DEARBORN LIFE**  
**Insurance Company® of New York**

**Home Office:** 1250 Pittsford Victor Road  
Bldg. 100, Suite 116  
Pittsford, New York, 14534

**Employee Assistance Program (EAP)**  
**Account Notice**

**Mailing Address and Administrative Office:**  
1020 31st Street, Downers Grove, IL 60515

**Action to be Taken:**

- |                                       |   |                               |
|---------------------------------------|---|-------------------------------|
| <input type="checkbox"/> Add Group    | <input type="checkbox"/> Terminate Group    |                               |
| <input type="checkbox"/> Add Division | <input type="checkbox"/> Terminate Division | # of Covered Employees: _____ |

**Group Effective Date:** \_\_\_\_\_

**Please select EAP Program Model desired:**

- Telephonic EAP - 5 sessions/issue, work-life, and GuidanceResources® Online
- Face-to-Face EAP - 5 sessions/issue, work-life, and GuidanceResources® Online

**Group Information:**

Group Name: \_\_\_\_\_

Division Name: \_\_\_\_\_

Contact: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

**Fort Dearborn Life Insurance Company® of New York Sales Rep Information:**

Rep Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

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

Special Instructions: \_\_\_\_\_

**Notes About the Fort Dearborn Life Insurance Company® of New York**

**ComPsych® EAP Services:**

1. ComPsych® will bill the policyholder directly for EAP services on an annual basis.
2. Training is available for an additional fee.

Today's Date: \_\_\_\_\_ Received by ComPsych® on: \_\_\_\_\_