

# MIIA Employee Assistance Program (EAP) Enrollment Form

**MIIA Member  
Community** \_\_\_\_\_

*(city, town, district, authority)*

We wish to include public safety personnel:  yes  no

Estimated number of employees to be covered:

\_\_\_\_\_ City / Town Personnel

\_\_\_\_\_ Police Officers and Firefighters

\_\_\_\_\_ School Personnel

\_\_\_\_\_  
*Name of Respondent (print)*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Email*

*Please fax, or email to MIIA EAP Account Manager Jayne Schmitz.*

Fax: 508.655.9922

Email: [jayne.schmitz@allonehealth.com](mailto:jayne.schmitz@allonehealth.com)

