DMBA

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MEMBER BENEFIT SUGGESTION FORM

We value your feedback! If you have suggestions for services or benefits you'd like to see as part of your health plan, please complete this form and return it to DMBA. We consider many factors when adding a plan benefit to make sure that your employer can continue to provide affordable health benefits to all eligible employees. So while we take every member suggestion seriously, we will only contact you to discuss your suggestion if we have questions about it. Once you've completed this form, mail it to DMBA at P.O. Box 45530, Salt Lake City, UT 84145, or fax it to 801-578-5901. You may also log into www.dmba.com and send it by secure message through *My Messages*.

Name: _____ DMBA ID number: _____

What service or benefit do you suggest we add to your plan? _____

Tell us below why this service or benefit should be added to the plan and how it would help most members:_____