

Memie Form

DIMENSIONSSM ENROLLMENT FORM

ENROLL MY COMPANY WITH THE FOLLOWING DIMENSIONS PARTNERSM

(Check only one)

- CCO, Inc.
- Concentra Managed Care, Inc.
- CorVel
- CompManagement from HealthLink, Inc.
- Kelnett
- Premier WorkComp Management

Company Name _____ Policy Number _____

Company Address _____

City/State/ZIP _____ Phone _____

Print Your Name _____ Title _____

Signature _____ Date _____

**You may be contacted with additional forms or procedures to complete.*

CAN I HAVE MORE INFORMATION ON THESE DIMENSIONS PARTNERS?

(Check all that apply)

- CCO, Inc.
- Concentra Managed Care, Inc.
- CorVel
- CompManagement from HealthLink, Inc.
- Kelnett
- Premier WorkComp Management

Company Name _____ Policy Number _____

Contact Name _____

Address _____

City/State/Zip _____

Phone _____ e-mail _____

** You can browse the Dimensions Partners' provider directories at www.mem-ins.com.*

CAN I DISCUSS DIMENSIONS WITH A REPRESENTATIVE FROM MEM?

Company Name _____ Policy Number _____

Contact Name _____ Title _____

Address _____ City/State/Zip _____

Phone _____ e-mail _____

** You can also request information at www.mem-ins.com, or call 1-800-442-0591.*

Submit completed form to:

Fax: 1-800-442-0597

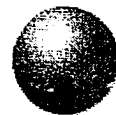
or

Missouri Employers Mutual Insurance

Attention: Dimensions

P.O. Box 1810

Columbia, MO 65205



DIMENSIONS

MEM's Comprehensive Health Solutions