Commonwealth of Virginia COVA HealthAware Materials Order Form

Email completed form to: **cheungj1@aetna.com**

Allow 14 days for delivery of materials.

Date: _____

Name	**Telephone**
Email Address	**Agency Name**
Shipping Address*	

*Orders cannot be delivered to P.O. Box addresses

Plan Information/Brochures

Form#	Item	Quantity	Also available online at:
7284802-01-01 (5/26)	COVA HealthAware Brochure		**www.covahealthaware.com**
3449302-01-01 -RFL-ONLRES (5/24)	Employee Assistance Program Flyer		**www.covahealthaware.com**
	COVA HealthAware Member Handbook	PDF only	**https://www.dhrm.virginia.gov/employeebenefits/health-benefits/active-employees**