

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 return via fax or email below.

Fax: 781-376-8631

Email: miaaep@allonehealth.com

