



Thank you for your interest in learning more about our services. The following series of questions will help us determine how our services can meet the needs of your business. Please provide all the necessary information to the best of your knowledge and submit the questions to us via email, fax or by mail.

1) Provide us a brief description of the type of business your company does:

2) Does your company provide any coverage (under Insurance Benefits) for mental health services?

___ No.

___ Yes, if selected, please provide us the name of the insurance and/or EAP that provided the benefits.

3) Please list the number of employees for both (Full Time) and (Part Time):

___ (Full Time)

___ (Part Time)

4) In order to provide you a timely response, please provide us the following detailed contact information:

- Title and Full Name of Contact Person:

- A daytime phone (and extension if necessary):

- A company e-mail address to contact listed above:



Center for Employee Assistance

5) If you have any additional questions please questions please feel free to express them below:

6) Please use the following information to provide us your responses:

Mail Address: 2310 Montana Ave.
El Paso, Texas 79903

Phone No.: (915) 544-7980

Fax No.: (915) 577-0809

E-mail: center4eap@elpbizclass.com

Please be sure to us the following subject line: **EAP Information Request**