


# Municipal Notes

From the ARKANSAS MUNICIPAL LEAGUE

2nd & Willow • P.O. Box 38 • North Little Rock, AR 72115 • (501) 374-3484

TO: PARTICIPATING MHBFB MAYORS, CITY MANAGERS, CITY CLERKS,  
RECORDERS & TREASURERS, HR DIRECTORS, INSURANCE CLERKS

FROM: DON ZIMMERMAN, EXECUTIVE DIRECTOR 

DATE: SEPTEMBER 18, 2017

RE: MUNICIPAL HEALTH BENEFIT FUND SEMINAR

The Arkansas Municipal League will sponsor a seminar entitled “**Understanding Your Municipal Health Benefits**”. This seminar should be attended by at least one representative from each participating entity. We will be discussing many items of importance to you and your employees. It will be a very interesting and beneficial seminar. Below are a few topics that will be discussed. You may also register online at [www.arml.org](http://www.arml.org). (*This Seminar is not a Certification Credit Class*)

2018 Medical Benefits/Understanding Your Municipal Health Benefits
2018 Prescription Benefits Updates
Telemedicine Benefit Status
What You Need to Know about Enrollment & Eligibility
What You Need to Know About Customer Service & Provider Relations
What You Need to Know about Precertification & Clinical Review
& Much, Much More!

**REGISTRATION: 8:30 a.m. - 9:00 a.m.**

TIME: 9:00 a.m. until 3:00 p.m.

DATE: October 13, 2017

PLACE: League Headquarters  
301 W. 2<sup>nd</sup> Street  
North Little Rock, AR 72115

The registration fee for this workshop is \$25.00 which includes a light breakfast and lunch. If you plan to attend, please complete the attached form providing us with your name, title, city and registration fee. **The deadline for registration is Monday, October 9, 2017.**



**SEMINAR REGISTRATION FORM**

**Municipal Health Benefit Fund Seminar  
Friday, October 13, 2017  
AML Headquarters**

**Please return form by Monday, October 9, 2017**

NAME/TITLE:	e-mail:
NAME/TITLE:	e-mail:
NAME/TITLE:	e-mail:
CITY OF:	cc: email:
ADDRESS:	
CITY/STATE/ZIP:	
TELEPHONE #:	

**REGISTRATION FEE TOTAL:                    \$25.00 x \_\_\_\_\_ = \$ \_\_\_\_\_**

**How are you paying?**

- Check                                       Credit Card (Visa, MasterCard or Discover only)

**If paying by check, fill out form and mail to:**

Arkansas Municipal League  
 Attn: 2017 Municipal Health Benefit Fund Seminar  
 P.O. Box 38  
 North Little Rock, AR 72115

**If paying by credit card, fill out form and information below in full and fax/e-mail to:**

Tricia Zello – tzello@arml.org  
 Arkansas Municipal League  
 Fax: 501.374.0541  
 Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Cardholder Name: \_\_\_\_\_ (as it appears on card)  
 Billing Address: \_\_\_\_\_ (as it appears on statement)  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 \*E-mail address: \_\_\_\_\_

**(\*Required for credit card payment, an e-receipt will automatically be e-mailed to you.)**