

# Municipal Notes

From the ARKANSAS MUNICIPAL LEAGUE

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

October 5, 2018

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

FROM: MARK R. HAYES, EXECUTIVE DIRECTOR 

RE: MUNICIPAL HEALTH BENEFIT FUND SEMINAR

The Arkansas Municipal League will sponsor a seminar entitled “Your 2019 Healthcare 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.*)

2019 MHBF Plan Changes
2019 Prescription Benefit Updates
Using the Prescription Benefit Portal
MHBF’s New 2019 Vision Benefit Offered Through EyeMed
FSA Section 125 Plans & Supplemental Benefits

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

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

DATE: November 2, 2018

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

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 29, 2018.**



## SEMINAR REGISTRATION FORM

**Municipal Health Benefit Fund Seminar  
Friday, November 2, 2018  
AML Headquarters**

**Please return form by Monday, October 29, 2018**

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: 2018 Municipal Health Benefit Fund Seminar  
P.O. Box 38  
North Little Rock, AR 72115

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**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.)**