



Commonwealth of Virginia COVA HealthAware & PayFlex 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:
1041750-01-01 (3/22)	COVA HealthAware Brochure		www.covahealthaware.com/#resources
74.03.963.1-ARFL F (6/21)	Employee Assistance Program Flyer		www.covahealthaware.com/#resources
	COVA HealthAware Member Handbook	PDF only	http://www.dhrm.virginia.gov/healthcoverage/planhandbooks
1011000-01-01 (03/22)	PayFlex Flexible Spending Account Sourcebook		https://www.dhrm.virginia.gov/docs/default-source/benefitsdocuments/ohb/cova-fsa-sourcebook-2022.pdf
69.03.743.1 F COVA (12/21)	PayFlex Flexible Spending Account Flyer		https://www.dhrm.virginia.gov/docs/default-source/benefitsdocuments/ohb/2022-fsa-flyer.pdf