



STATE OF ARKANSAS  
**Department of Finance  
and Administration**

**EBD**  
Employee Benefits Division  
Post Office Box 15610  
Little Rock, AR 72231-5610

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## Non AASIS Matching Form

Agency Name: \_\_\_\_\_ Agency No: \_\_\_\_\_

Number of Extra Help Positions: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that the information listed above is true and accurate, to the best of my knowledge.

\_\_\_\_\_  
Health Insurance Representative Signature

\_\_\_\_\_  
Date