

MMA Supply Form

Policy # **5050001**

Please enter information onscreen and follow instructions at bottom.

<input type="checkbox"/>	Enrollment Forms	_____	Quantity	
<input type="checkbox"/>	Change Forms	_____	Quantity	
<input type="checkbox"/>	Dental Cards	_____	Quantity	
<input type="checkbox"/>	Disability Claim Forms	_____	Quantity	LTD / STD Choose One
<input type="checkbox"/>	Beneficiary Designation	_____	Quantity	
<input type="checkbox"/>	Benefit Booklets (minimum 10)	_____	Quantity	_____ List Type (dental/life/etc.)
<input type="checkbox"/>	Benefit Booklets (minimum 10)	_____	Quantity	_____ List Type (dental/life/etc.)

Would you like a representative to call you regarding a quotation for:

- ____ Life Insurance
____ Disability Insurance
____ Dental Insurance

Acct# Name of Company

Address

City State Zip

Contact Person Phone Number

Mail to: MMA Service Corporation
P.O. Box 14247
Lansing, MI 48901-4247

Fax to: 517-372-2507
E-mail to: doyle @mma-net.org