



Supply Request

Date: _____

To: **RWAM Insurance Administrators Inc. - Group Administration Department**

Fax: **519-669-1923**

Group Name

Group #

Division #

Please send me more of the following forms:

Quantity

Name of Form

- _____ Group Insurance Enrolment forms
- _____ Change in Status/Beneficiary/Name forms
- _____ Report of Employee Transactions forms
- _____ Claim for Health Expense Benefits
- _____ Dental Claim forms
- _____ Short Term Disability Claim Forms (STD) – *previously referred to as Weekly Indemnity*
- _____ Division _____ Class _____ Group Insurance Plan Booklets for Employees
- _____ Group Health Evidence forms
- _____ Supply Request Forms
- _____ Other _____

Plan Administrator: _____

*The form can either be faxed or mailed to RWAM Insurance Administrators Inc.
As well, many of the above forms can be found on our website: www.rwam.com*