



**REQUEST FOR SUPPLIES**  
CINUP Group Insurance

Your Organization: \_\_\_\_\_

Your Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>Quantity</b>	<b>Description</b>
_____	Group Insurance Employee Booklets
_____	Individual Application for Group Insurance
_____	Group Insurance Notice of Change Form
_____	Appointment of Beneficiary Form
_____	Evidence of Insurability Form
_____	Extended Health Care Claim Form
_____	Vision Care Claim Form
_____	Dental Care Claim Form
_____	Request for Supplies Form
_____	Other: _____

Please fax this form to MGI Financial Inc. at (877) 786-3889.  
Forms are also available on our website at [www.cinup.com](http://www.cinup.com)