



**REQUEST FOR SUPPLIES**  
CINUP Group Insurance

Your Organization: ABC COMPANY

Your Address: 123 MARKET STREET  
WINNIPEG, MB  
R0Z 0Z0

Quantity	Description
<u>16</u>	Group Insurance Employee Booklets
<u>2</u>	Individual Application for Group Insurance
<u>5</u>	Group Insurance Notice of Change Form
<u>3</u>	Appointment of Beneficiary Form
<u>3</u>	Evidence of Insurability Form
<u>2</u>	Extended Health Care Claim Form
<u>5</u>	Vision Care Claim Form
<u>1</u>	Dental Care Claim Form
<u>0</u>	Request for Supplies Form
<u>      </u>	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)