



MARKETING MATERIALS REQUEST FORM

*Please submit requests as soon as possible
Allow 5-7 business days for orders under 250 and electronic only orders.
Allow 10-15 business days for orders greater than 250 copies.*

Requestor: _____

Enrollment Date(s): _____

Due Date: _____

Materials Needed

- Full Enrollment Package (*complete Summary of Benefits Information section below*)
(Summary of Benefits, Rate Schedule, Employee Enrollment Form, Glossy EE Brochures) Quantity: _____
- Summary of Benefits & Rate Schedule only Quantity: _____
- Electronic Copy of Summary of Benefits only

Summary of Benefits Information

Group Name: _____

Contact Information page of Summary (please only include what you want to show in the summary):

Agent Name: _____

Company Name: _____

Agent/Company Address: _____

City, State, Zip: _____

Agent Phone Number: () _____

Agent Fax Number: () _____

- Claim Form Quantity: _____
- Employer Brochure [GRPDI-EDER] Quantity: _____
- Employee Brochure (w/o First Day Hospital) [GRPDI-EDEE] Quantity: _____
- Employee Brochure (with First Day Hospital) [GRPDI-EDEE-FDH] Quantity: _____

Shipping Information

Company Name: _____

Contact Name: _____

Mailing Address (no P.O. Boxes): _____

Phone Number: () _____

Please note that this form needs to be fully completed and e-mailed to ADEnrollmentMaterials@assurant.com.