



# Supply Request

Date:

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

Fax: **519-669-1923**

Group Name

Group #

Division

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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

Weekly Indemnity Claim forms

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](http://www.rwam.com)*