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# MEMO



**TO:** RWAM INSURANCE ADMINISTRATORS INC.  
**ATTENTION:** GROUP ADMINISTRATION DEPARTMENT  
**FAX:** (519) 669-1923  
**SUBJECT:** SUPPLY REQUEST

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Date \_\_\_\_\_

Group \_\_\_\_\_

Group # \_\_\_\_\_ Division # \_\_\_\_\_

Please send me more of the following forms:

| <u>QUANTITY</u> | <u>NAME OF FORM</u>  |
|-----------------|--|
| _____           | Group Insurance Enrolment forms                                    |
| _____           | Change in Status/Beneficiary/Name/Waiver card (green)              |
| _____           | 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 _____  |

Administrator \_\_\_\_\_

*This can either be faxed or mailed to RWAM Insurance Administrators Inc. As well, our website can be used to download many of the above forms. Please contact us at [www.rwam.com](http://www.rwam.com).*

Group Administration  
RWAM Insurance Administrators Inc.  
49 Industrial Drive  
Elmira, Ontario, N3B 3B1  
Telephone: 519-669-1631  
Our Compliments: 1-800-265-6197  
Fax: 519-669-1923