



MetLife Supply Order Form

Please enter the information on-screen then print or save, and send to MMA.

	Quantity		
Enrollment Forms	_____		
Change Forms	_____		
Dental Cards	_____		
Disability Claim Forms	_____	LTD (Check One)	STD
Beneficiary Designation	_____		
Benefit Booklets	_____ (minimum 10)	_____ (List Type-dental/life/etc.)	
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Please have a representative call me regarding a quotation for:

- | | |
|----------------------------|--------------------------------------|
| _____ Life Insurance | _____ Workers Comp Insurance |
| _____ Disability Insurance | _____ Commercial Auto |
| _____ Dental Insurance | _____ Property & Liability Insurance |
| _____ Vision Insurance | _____ Blue Cross Health Insurance |

Policy # **5050001**

_____ Acct# Name of Company

_____ Address

_____ City State Zip

_____ Contact Person Email Phone Number

Please send this completed form to: email salmon@mimfg.org
fax 517-853-3325