

Requisition for Administrative Supplies



ASSURANT Employee
Benefits

Policyholder name _____ Date _____

Contact name _____ Contact telephone number _____

Policy number _____ Contact e-mail address _____

When ordering supplies, please do not order more than a 4 month supply.

Quantity	Description	Form no.	*Code (H.O. use only)

*A = Stock exhausted, will ship as soon as new supply is received. Please DO NOT send another order.

*B = Discontinued. No replacement in stock.

*C = Quantity requested has been reduced. Please reorder when in need.

*D = Item is currently being revised, will ship as soon as possible.

If ordering supplies ONLY e-mail request to: room.kcstock@assurant.com

Booklets

When ordering booklets list the step and the number of booklets for that particular step. If possible send a copy of the back of the booklet for a sample. Please allow 4 to 6 weeks for delivery.

Step no.	Quantity	Description

Type or write your shipping address legibly in the space below.

Products and services marketed by Assurant Employee Benefits are underwritten and/or provided by Union Security Insurance Company.

Assurant Employee Benefits 2323 Grand Boulevard Kansas City Missouri 64108-2670

T 816.474.2345

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