



**MARKETING MATERIALS REQUEST FORM**

*Please submit requests within 30 days of due date. Less than 15 days notice will not be accepted.*

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: \_\_\_\_\_

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 AEB-USIC-GRPDI-EDER (01/2009) Quantity: \_\_\_\_\_

Employee Brochure AEB-USIC-GRPDI-EDEE (1/2009) 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 Ann Gagnon at [ann.gagnon@assurant.com](mailto:ann.gagnon@assurant.com) or faxed to (207) 591-3599. Please do not phone in requests or send e-mail requests without completing this form. Thank you.