

REQUEST FOR GROUP INSURANCE SUPPLIES

Fax: 610-807-8757	E-m	ay, Bethlehem, PA 1801 ail: Order_Forms@Guar		ı		
Or visit our website at: www.GuardianLife.com Group Plan Number: Date:						
				_		
				_		
Form Order: (See reverse side for additional information.) Form Number Description					Qty. Req.	
Certificate Bookle	et Order: (S	See reverse side for addition Plan Class #	nal information	.) Plan Option #		
Shipped Date:		Filled by:	Shippe	ed by:		
Please complete the shipping label below and indicate your correct street address. Your order cannot be shipped to a post office box. (Do Not Detach)						
Ø						
O O		.ife Insurance Company of Am mmerce Way, Bethlehem, F	1 1	Plan #		
Name of Company						
Attention of						
Number & Street Address						
City			State	Zip		

GG-13 (7/04)

Form Orders:

Most Group Form numbers begin with either the prefix "GG" or "PUB" and can be found in the upper or lower corners of the form. Indicate this number when placing an order. If you can't find the form number, please mail or fax this requisition with a sample of the form you need.

Certificate Booklet Orders:

If your plan has more than one insurance class and/or option, include the class and/or option for which you need booklets. You will find this information on the bottom of each page of your certificate booklet. If you need more than one class and/or option indicate the quantity needed for each one.

Plan number
$$\rightarrow$$
 567890/A/0001 \leftarrow Class \uparrow Option

Example:

Qty.	Plan Class #	Plan Option #
50	0001	А
10	0002	В