Print Order Form

**Group Information**

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| --- | --- | --- | --- |
| Group Name: |  | Policy & Section Number: |  |
| Group Contact Name: |  | Access Code: |  |
| Account Executive/Advisor: |  | Shipping Address: |  |
|  |  | | |

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| --- | --- | --- |
| **PRINT MATERIALS** | *English* | *French* |
| Brochure | Quantity: | Quantity: |
| Rate Illustration Card | Quantity: | Quantity: |
| Poster | Quantity: | Quantity: |
| Postcard | Quantity: | Quantity: |
|  |
|  |

Email completed form to: [optionalbenefits@medavie.bluecross.ca](mailto:optionalbenefits@medavie.bluecross.ca)