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:       |
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Email completed form to: optionalbenefits@medavie.bluecross.ca