

Order Form for Group Administrator Supplies

Requested By:			
	Person Ordering		
	Company Name		
	Street Address		
	City	State	Zip
Form #	<u>Description</u>		Quantity
AICK 4	Enrollment Form Group Coverage		
AICK 4C	Evidence of Insurability Application	1	
AICK 300	Employee Enrollment Form (Voluntary Products Only)		
AICK 5	Request for Change Form		
AICK 12	Notice of Conversion Card		
AICK 16	Death Claim Form		
AICK 18007	Disability Claim Forms		
Miscellaneous	Order Form for Group Administrator Supplies		
Write To:	Advance Insurance Company of Kansas 1133 SW Topeka Blvd Topeka, KS 66629-0001		
or Call:	1-800-530-5989 (Toll-Free) 785-273-9804 (In Topeka)		
FAX to:	785-291-0727		