

**Insurance Design Administrators (IDA)  
169 Ramapo Valley Road  
Oakland, New Jersey 07436  
201-337-0555**

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**Material Order Form**

**Group Name** \_\_\_\_\_ **Division** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please forward the following materials as indicated below:**

- | <input type="checkbox"/> Standard Forms                          | Number Requested |
|--|------------------|
| <input type="checkbox"/> Monthly Summary Report Form             | _____            |
| <input type="checkbox"/> IDA Enrollment (scantron) Form          | _____            |
| <input type="checkbox"/> Enrollment Form Completion Instructions | _____            |
| <input type="checkbox"/> Change Request Forms                    | _____            |
| <input type="checkbox"/> Coverage Waiver Form                    | _____            |
| <input type="checkbox"/> Statement of Insurability               | _____            |
| <input type="checkbox"/> Termination/Cobra Reporting Form        | _____            |
| <br>   |                  |
| <input type="checkbox"/> Special Forms                           |                  |
| <br>   |                  |
| <input type="checkbox"/> Network Enrollment Form                 |                  |
| <br>   |                  |
| <input type="checkbox"/> Claim Forms                             | _____            |
| <br>   |                  |
| <input type="checkbox"/> Claim Submission Instructions           | _____            |
| <input type="checkbox"/> Medical                                 | _____            |
| <input type="checkbox"/> Dental                                  | _____            |
| <input type="checkbox"/> Prescription Drug                       | _____            |
| <input type="checkbox"/> Vision                                  | _____            |
| <br>   |                  |
| <input type="checkbox"/> Employee Benefit Booklets               | _____            |
| <input type="checkbox"/> Booklet Inserts                         | _____            |

**Amendment Title** \_\_\_\_\_