-- ORDER FORM –

GROUP LIFE INSURANCE ADMINISTRATION MANUAL (ET-1117)

DEPARTMENT OF EMPLOYEE TRUST FUNDS
PO BOX 7931
MADISON WI 53707-7931

FAX to ETF at (608) 267-4549

Group Life Insurance Administration Manual (ET-1117) Quantity Wanted _____

Employer Name _____ EIN 69-036-_____

Your Name _____ Title _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

ET-1121