



**Preferred United Plans<sup>SM</sup>  
of  
Michigan**

**SUPPLY ORDER FORM**

Please check the appropriate box when you are running low on supplies and fax to our office at (616) 454-4338, e-mail to Michele at [ostrander@secureoneinc.com](mailto:ostrander@secureoneinc.com) or mail to:

Preferred United Plans  
Attn: Michele Ostrander  
P.O. Box 1847  
Grand Rapids, MI 49501-1847

<b>FORM</b>	<b>QUANTITY</b>
Enrollment Applications	
Waiver Forms (Refusal of Benefits)	
Change of Beneficiary/Change of Name Form	
Adjustment Forms	
Prescription Drug Reimbursement Forms	

Please mail these supplies to:

Attn: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_