

# Fax

TO: Catrina Cruz

COMPANY: Minnesota Life – Group Marketing

PHONE: 651-665-1689

FAX: 651-665-7898

EMAIL: catrina.cruz@securian.com

FROM: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

DATE: \_\_\_\_\_

PAGES INCLUDING COVER: 1

State of Tennessee  
Member Handbook  
Order form  
for  
New Hires

Number of Member Handbooks Needed: \_\_\_\_\_

Date needed: \_\_\_\_\_

Ship to: \_\_\_\_\_

\_\_\_\_\_

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