

State Agencies and Local ICI Employers
Vol. 22, Local B
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----- ORDER FORM -----

DEPARTMENT OF EMPLOYEE TRUST FUNDS

Employer Name _____

EIN 69-036-_____

Employer Shipping Address _____

Employer Phone # _____

State Agencies:	Quantity of ICI enrollment application for State employees (ET-2307) required: _____
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Local Government Employers:	Quantity of ICI enrollment application for Local Government employees (ET-2366) required: _____
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Mail, E-mail, or Fax to:

Broadspire
200 Wheeler Road 5th Floor
Burlington MA 01803-5500

Fax to Broadspire at (781) 270-8666

E-mail Broadspire at ICILTDI@choosebroadspire.com

