



**REDIFORM**

**A Employee Application** Complies with the Americans with Disabilities Act (ADA). Complete information in an easy-to-understand format.   
 ID No. Form Size Forms/Page Form Qty. Unit Price  
 1 RED-M660-26NR \* 8½ × 11 1 50 PD 7.19  
 \* Contains 30% post-consumer recycled content.

**TOPS**

**B Employee Application Form** Complies with state and federal laws prohibiting discrimination. Employment history, references, education and personal information. Space for interviewer's remarks.   
 ID No. Form Size Forms/Page Form Qty. Unit Price  
 2 TOP-32851 8½ × 11 1 50 PK 20.11

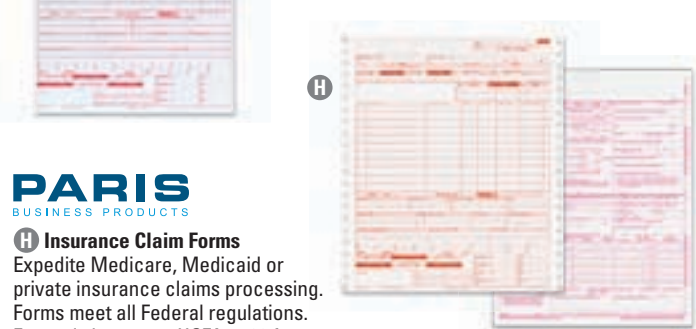
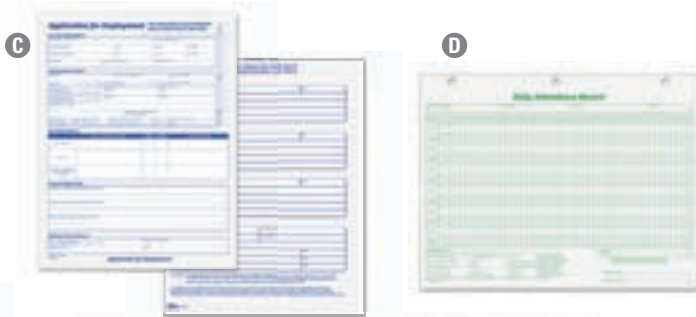
**C Comprehensive Employee Application Form** The most comprehensive inquiry into a candidate's history, including past employment, references, education, personal information and check-offs for special questions. Full page for interviewer's appraisal. Complies with federal laws prohibiting discrimination. Four page form.  
 ID No. Form Size Forms/Page Form Qty. Unit Price  
 3 TOP-3288 8½ × 11 1 25 PK 18.07

**D Daily Attendance Card** Record one year of attendance for an employee. Three-hole punched at top for use in a ring binder. White index printed in green ink. 50 cards per pack.   
 ID No. Form Size Forms/Page Form Qty. Unit Price  
 4 TOP-3284 11 × 8½ 1 50 PK 13.57

**E Centers for Medicare and Medicaid Services (CMS) Forms Window Envelope** Business-weight window envelope for CMS-1500 (formerly HCFA-1500) claim forms. Self-adhesive closure.  
 ID No. Trade Size Seam Type Window Position Qty. Unit Price  
**Multiple Forms Imprint: First Class Mail, Please Do Not Bend, Insurance Claim Forms Enclosed**  
 5 TOP-50992 #90, 9½ × 12 Contemporary Top Right 500 CT 236.66  
**Single Form**  
 6 TOP-50941\* #10, 4½ × 9½ Contemporary Center Right 2,500 CT 439.48

**F Centers for Medicare and Medicaid Services (CMS) Forms** Expedite Medicare, Medicaid or private insurance benefits. AMA approved format. Printed front and back in red OCR ink for scanning.  
 ID No. Form Size Forms/Page Form Qty. Unit Price  
**Carbonless Duplicate**—Continuous Form.  
 7 TOP-50124R \* 8½ × 11 1 1,500 CT 191.48  
**Continuous Form**  
 8 TOP-50122R 8½ × 11 1 3,000 CT 189.86  
**For Laser Printers**  
 9 TOP-50126R 8½ × 11 1 500 PK 42.52  
**For Laser Printers**—Top sensor bar for microfiche duplication, as required in some states. OCR red ink for scanning.  
 10 TOP-50135R 8½ × 11 1 250 PK 23.44  
 \* TOP-50124R—Carbonless Duplicate.

**G UB04 Hospital Insurance Claim Form** Printed to Government Printing Office standards. OCR ink for scanning. American Medical Association (AMA) approved format.  
 ID No. Form Size Forms/Page Form Qty. Unit Price  
**For Laser Printers**  
 11 TOP-59870R 8½ × 11 1 2,500 CT 198.36



**PARIS**  
BUSINESS PRODUCTS

**H Insurance Claim Forms** Expedite Medicare, Medicaid or private insurance claims processing. Forms meet all Federal regulations. Formerly known as HCFA-1500 forms.

ID No.	Form Size	Forms/Page	Form Qty.	Unit	Price
<b>CMS Forms</b>					
12 PRB-04104	8½ × 11	1	250	RM	23.41
13 PRB-04106	8½ × 11	1	500	RM	41.71
14 PRB-05102*	9½ × 11	1	2,500	CT	156.98
<b>CMS Forms</b> —Two-part continuous feed, white/canary					
15 PRB-05106*	9½ × 11	1	1,000	CT	202.13
<b>CMS Forms</b> —Two-part continuous feed, white/white.					
16 PRB-05104*	9½ × 11	1	1,000	CT	130.19
<b>UB04 Claim Forms</b>					
17 PRB-05108	8½ × 11	1	2,500	CT	194.63
<b>UB04 Claim Forms</b> —One-part continuous feed, white					
18 PRB-05109*	9½ × 11	1	2,500	CT	189.22
<b>UB04 Claim Forms</b> —Two-part continuous feed, white/canary					
19 PRB-05110*	9½ × 11	1	1,000	CT	201.38

Prices subject to change without notice. Visit our website for the latest pricing and product information.