

Medicare Supplement Supply Requisition

Agent/Agency Name:			10-Digit Agent #:	
Shipping Address:			Check box if Residential Address Check box if New Address	
City:			State:	_ Zip:
E-mail:			Phone:	
Application Agent Chec Client Appli	Kit Includes: cklist • Replaceme	ms, MT, NC, OK nt Notices • Premi	GA, IN, KS, KY, LA, C, OH, PA, SD, TN, um Receipt • Fax To Certification	•
State (write state abbreviation)	Application Kits including App Pack and OOC (select quantity)	Outline of Coverage with Rates Only (select quantity)	Marketing Brochures Not all states available (select quantity)	Additional Supplies Available Choosing a
	□5 □10 □25	□5 □10 □25	□5 □10 □25	Medigap Policy Guide
	□5 □10 □25	□5 □10 □25	□5 □10 □25	
	□5 □10 □25	□5 □10 □25	□5 □10 □25	
Visit the agent portal for an electronic version of the most current Underwriting Guide.				
	Need Ov Vendor Name: ☐ F	vernight? Please provide		