

SUPPLY ORDER FORM

Supplemental Benefits
 Phone: 800-397-9240
 Fax: 888-417-8267
 CSBSupplies@Cigna.com

Date: _____
 Agent/Agency name: _____
 Street address: _____
 City: _____ State: _____ Zip: _____
 Phone number: _____ Writing number: _____

Not all products are available in all states. Allow 7-10 business days for delivery, pending availability.
 Ordering multiple states? Please separate each state and corresponding quantity with a comma (eg. State: TX, OK, SC and Quantity: 100, 50, 25).

MEDICARE SUPPLEMENT SOLUTIONS

Medicare Supplement* <input type="checkbox"/> ARLIC <input type="checkbox"/> LOYAL		
	State**	Quantity**
App		
Outline		
Brochure		
CMS/NAIC Guide to Medicare		

Companion Whole Life		
	State**	Quantity**
App		
Brochure		
Rate sheet		

SUPPLEMENTAL SOLUTIONS

Critical Choice Cancer and Heart Attack & Stroke		
	State**	Quantity**
App and Customer Book		
Brochure		
Rate sheet		

Cash Advantage® Critical Illness		
	State**	Quantity**
App and Customer Book		
Brochure		
Rate Sheet		

Accident Expense		
	State**	Quantity**
App and Customer Book		
Brochure		
Rate sheet		

Flexible Choice Cancer and Heart Attack & Stroke		
<input type="checkbox"/> Check for OH, PA franchise	State**	Quantity**
App and Customer Book		
Brochure		
Rate sheet		

Cancer/Accident Treatment <input type="checkbox"/> Cancer <input type="checkbox"/> Accident		
<input type="checkbox"/> Check for OH, PA franchise	State**	Quantity**
App and Customer Book		
Brochure		
Rate Sheet		
Accident Occupational Guide		

Individual Whole Life (final expense)		
	State**	Quantity**
App		
Brochure		
Rate sheet		

Additional information

SUBMIT

PRINT



*Enhanced Medicare Supplement, if available
 **Required

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