



# Medicare Supplement Supply Requisition

AGENT/AGENCY NAME	10-DIGIT AGENT #	
SHIPPING ADDRESS	<input type="checkbox"/> CHECK BOX IF RESIDENTIAL ADDRESS <input type="checkbox"/> CHECK BOX IF NEW ADDRESS	
CITY	STATE	ZIP
E-MAIL	PHONE	

**Application Kits Include:**

- Client Application & HIPAA Form
- MIB Notice & Premium Receipt
- Fax Transmittal
- Replacement Notices
- Producer Certification
- Outline of Coverage with Rates

State <small>(write state abbreviation)</small>	Application Kits <small>(select quantity)</small>	Marketing Brochures <small>(select quantity)</small>
	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 25	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 25
	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 25	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 25
	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 25	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 25

Additional Supplies Available
_____ Underwriting Guidelines
_____ Choosing a Medigap Policy Guide

**State Availability:**      **AZ, DE, KS, MI, MN, NE, NJ, NM, OH, OK, SC, VA**

**Submit all orders via fax to (855) 370-3188**

Need Overnight? Please provide the following information:

Vendor Name:    FedEx    UPS    USPS    Other \_\_\_\_\_

Account Number: \_\_\_\_\_

**Available in quantities of 5, 10 or 25. Maximum quantity amount is 25; higher amount requires approval.**