



# State Mutual Insurance Company

## 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: \_\_\_\_\_

**State Availability:** AL, GA, IN, KY, LA, OH, TX

### Application Kits Include:

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

State <i>(write state abbreviation)</i>	Application Kits <i>(select quantity)</i>
	<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

**Submit all orders via fax to (706) 232-6362  
or email [supplies@statemutualinsurance.com](mailto:supplies@statemutualinsurance.com)**

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.**