



Medicare Supplement Supply Requisition

To Order: Call 877-815-4776 or Fax 866-931-5502

Forms Requested for the State of _____ Date: _____

Agent/Agency Name:		Agent Number:
Street Address:		
City:	State:	ZIP:
Phone Number:	Fax Number:	

Overnight Shipments: If you would like to have these supplies shipped overnight, please indicate the carrier and the account number to charge:

Carrier:	Account Number:
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Sales Kits

Each Sales Kit Includes: Application Booklet* – Guide to Medicare – New-Business Envelope

*Contains Application Pack, Outline of Coverage, Black & White Sales Brochure, Fraternal Benefits Flyer

Sales Kits	Quantity
Medicare Supplement	
Medicare Select (not available in all states)	

Individual Piece Supplies

Medicare Supplement	Quantity
Color Sales Brochure	
Application Pack	
Outline of Coverage	
New-business Envelope	

Medicare Select (not available in all states)	Quantity
Color Sales Brochure	
Application Pack	
Outline of Coverage	
Network Hospital Directory	
New-business Envelope	

Other Materials & Forms	Quantity
Guide to Medicare	
Underwriting Guidelines	