

MEDICARE SUPPLEMENT SUPPLY REQUISITION FORM

Request Date: _____

Agent / Agency Name: _____ 10-Digit Agent #: _____

Shipping Address: _____ Check box if residential address

Check box if new address

City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

2011 Available App Packs

Please write in the states and quantities requested for the items listed below:

*** A maximum of 25 sales kits per order will be sent without marketing company approval**

STATE <i>(write state abbreviation)</i>	STANDARD APP PACKS
State Availability: AL, AK, AZ, CO, GA, IL, IN, KS, LA, MS, MO, NE, NV, OK, SC, TN, TX, UT, WY	
Product only available in states that have been approved.	

Each Med Supp App Pack Includes:

- Client Application
- Outline of Coverage
- Calculate Your Premium
- MIB Notice
- Premium Receipts
- Fax Transmittal
- Replacement Notice(s)
- Agent Checklist
- Agent Certification
- HIPAA Form

SUBMIT ALL ORDERS VIA FAX OR EMAIL ONLY
855-251-2475 or 978-367-5930
HRTsupplies@aiasvcs.com

Need it overnight? We ship via FedEx ONLY.

Please provide your FedEx account #: _____