



# MEDICARE SUPPLEMENT SUPPLY REQUISITION FORM

Request Date: \_\_\_\_\_

Agent / Agency Name: \_\_\_\_\_ 7-Digit Agent #: \_\_\_\_\_

Shipping Address: \_\_\_\_\_  Check box if residential address  
 Check box if new address

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### 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 (write state abbreviation)	STANDARD APP PACKS
State Availability: AL, AR, 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 #: \_\_\_\_\_