



# Medicare Supplement Supply Requisition

**To Order:**

**Email:** fulfillment.services@medsuppservices.com; or  
**Call 877-815-4776**

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 account number to charge:

Carrier:	Account Number:
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### Sales Kits

Sales Kits	# of Kits
Medicare Supplement (PTI#3763) <i>(Content: Application booklet*, Color Point of Sales Brochure and Guide to Medicare)</i>	
Medicare SELECT (PTI#3993) <i>(Content: Application booklet*, Color Point of Sales Brochure, Network Hospital Directory, and Guide to Medicare) Not available in all states.</i>	

### Bulk Order Items

Individual Pieces	Quantity
Medicare Supplement Application Booklet*	
Medicare Supplement Color Point of Sale Brochure	
Medicare SELECT Application Booklet*	
Medicare SELECT Color Point of Sale Brochure	
Medicare SELECT Network Hospital Directory	
Guide to Medicare	

*\*Application booklet contains: Application Pack, Outline of Coverage and Fraternal Benefits Flyer.*