

P.O. Box 2271
Omaha, NE 68103-2271

Call 1-877-617-5592
Fax 1-866-931-5502



**Gerber Life
Insurance Company**

Fax

Use to Order Medicare Supplement Supplies

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 |
|----------------|-----------------------|

Sales Kits

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

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

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

Individual Piece Supplies

| | |
|----------------------------|-----------------|
| Medicare Supplement | Quantity |
| Color Sales Brochure | |
| Application Booklet* | |
| New-business Envelope | |

| | |
|--|-----------------|
| Medicare SELECT (not available in all states) | Quantity |
| Color Sales Brochure | |
| Application Booklet* | |
| Network Hospital Directory | |
| New-business Envelope | |

| | |
|------------------------------------|-----------------|
| Other Materials & Forms | Quantity |
| Guide to Medicare | |
| Underwriting Guidelines | |
| Business Contacts Card | |