

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
----------------	-----------------------

To ensure you receive the correct materials, please check the appropriate box.

- 1990 Standardized Plans (coverage effective dates through May 31)
- 2010 Modernized Plans (coverage effective dates on and after June 1)

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	