

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



**Gerber Life
Insurance Company**

Call 1-877-815-4776, ext. 2186
Fax 1-402-351-2456, attn: Jo

Fax

Use to Order Medicare Supplement Prospecting Items

Gerber Life Insurance Company offers you one state-approved newspaper ad and one postcard to promote our Medicare supplements.

To Order:

Step 1: Type or print the information using block letters.

Step 2: Fax this order form to 1-402-351-2456.

Step 3: Please allow five-seven days for your print-ready PDF and three-four weeks for shipping your postcards.

We'll send you one PDF to review information for accuracy.

About You

Your Name _____

E-mail Address (to review your piece) _____

Daytime Phone Number _____ Producer Number _____

Newspaper Ad Order

Please note: This ad has been filed and approved by your state insurance department and cannot be modified in any way. If you or the newspaper do modify it, repercussions will fall to you.

Rates

We'll provide the nontobacco-user rates and the disclosure based on the information you provide here.

State	ZIP codes for ZIP-rated states	Age(s) (limit 3)	Check one: <input type="checkbox"/> Male rates <input type="checkbox"/> Female rates	Med supp plan(s) (limit 2)
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Ad Dimensions

Black and white newspaper ad form # _____

Dimensions in inches: width _____ height _____

- Minimum size: 4.5" wide x 5.75" high.
- Please verify the ad size space available in inches (not columns) with your newspaper.
- We can increase the ad to fit a larger space.

If there is a publication deadline, please indicate it here _____

Contact

How do you want your audience to contact you?

Agency Name _____

Agent Name _____ Phone Number _____

Postcard Order (Postcard is 9x6 and will cost .44 to mail)**Rates**

We'll provide the rates based on the information you provide here:

State	ZIP codes for ZIP-rated states	Age(s) (limit 3)	Check one: <input type="checkbox"/> Male rates <input type="checkbox"/> Female rates	Med supp plan(s) (limit 2)
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Contact Information

Agency Name _____

Agent Name _____

Phone Number _____

Return Address

Agency Name _____

Agent Name _____

Street Address _____

City, State, ZIP _____

Bulk Rate Permit (optional)Not required – complete only if you have a permit. Contact your local post office for permit information.
Presort standard indicia imprinted to show postage prepayment.

<input type="checkbox"/> Presort Standard or	Permit #	City of Origin
<input type="checkbox"/> Presort First Class		

Shipping Instructions

Ship postcards via UPS to:

Company _____

Attention _____

Street Address (cannot ship to a P.O. box) _____

City, State, ZIP _____