



**Gerber Life  
Insurance Company**

# Medicare Supplement Supply Requisition

**To Order:**

**Email:** fulfillment.services@medsuppservices.com; or  
**Call 877-617-5592**

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:
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Sales Kits	# of Kits
Medicare Supplement (PTI#3742/PTI#3929-WI) <i>(Content: Application booklet*, Color Point of Sales Brochure and Guide to Medicare)</i>	
Medicare SELECT (PTI#3934) <i>(Content: Application booklet*, Color Point of Sales Brochure, Network Hospital Directory, and Guide to Medicare) Not available in all states.</i>	

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.*