



Gerber Life
Insurance Company

Customized Gerber Med Supp Prospecting Newspaper Ad and Postcard

Check website for availability: www.Gerberlifegroup.com

Login: medsupp Password: medsupp

To Order:

- Information must be completed in full
- FAX to 402-351-1431 or email both...greg.peet@mutualofomaha.com and jo.becerra@mutualofomaha.com
- Questions: call 800-693-6083, ext 2186 or 3609. Allow 3 to 4 days for ad and 2 to 3 weeks for postcard.
- You will be e-mailed a PDF to review for accuracy and approval. If no response in 30 days, order will be cancelled.

REQUEST FOR: (Required)

Name: _____ Producer Number: _____

E-mail Address: _____ Phone Number: _____

Check all that apply:

Postcard – Quantity: _____ (Postcard dimensions are 9” x 6”; postage is .50 to mail)
(maximum 5,000)

Newspaper Ad (you will be e-mailed a camera ready pdf to forward to publication)

Note: Ads have been approved by state DOI; if ads are modified or minimized, they will not be state or corporate compliant.

Newspaper Ad Only – Review and complete this portion:

Dimensions of ad you require in inches: width: _____ height: _____ Publication deadline: _____

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

Rate Information for postcard and/or ad:

We provide **age 65 up, nontobacco, female rates only** & disclosure based on this information.

State	ZIP codes for ZIP-rated states	Age(s) min 1 age; max 3 ages	Med supp plan(s) (limit 2)

NOTE: AGENCY NAME: Not required. However when used an Agency Name must be listed within your hierarchy in Mutual of Omaha's records and available on your state DOI website. Otherwise, you must submit an official state document referencing the agency's affiliation to you, (i.e. DBA). The Agency must be a state recognized entity.

CONTACT INFORMATION to be imprinted on postcard and/or ad:

Agency Name: _____

Agent Name: _____

Phone Number: _____ E-mail Address: _____

RETURN ADDRESS - postcard only:

Agency Name: _____

Agent Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

SHIPPING ADDRESS – postcard only: (Items are shipped via UPS)

Agency: _____

Attention: _____

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

City: _____ State: _____ ZIP: _____