

Supply Order Form

for Traditional Insurance Products

Fax: 1-800-298-6959

Choose a company:

- American Pioneer Life Insurance Company Constitution Life Insurance Company
 Marquette National Life Insurance Company

For questions regarding supplies, please contact Sales at 1-800-538-1053, or send an e-mail to IndependentAgencySales@UniversalAmerican.com

MEDICARE SUPPLEMENT (CLICO/MQ ONLY)	STATE	QTY
Medicare Supplement Brochure		
Medicare Supplement Ratesheets		

FIRST DIAGNOSIS CANCER (CLICO ONLY)	STATE	QTY
Brochure		
Application Package		
Ratesheet		

MEDICARE SELECT (CLICO/MQ ONLY)	STATE	QTY
Medicare SELECT Brochure		
Medicare SELECT Network Directory		
Medicare SELECT Ratesheets		

HOSPITAL INDEMNITY (CLICO ONLY)	STATE	QTY
Brochure		
Application Package		
Ratesheet		

MEDICARE SUPPLEMENT/SELECT (CLICO/MQ ONLY)	STATE	QTY
Medicare Supplement/SELECT Application Package		
Medicare Supplement/SELECT Outline of Coverage		
Medicare Guide Book		

DENTAL (APL/CLICO ONLY)	STATE	QTY
Brochure		
Application Package		
Ratesheet		

SIMPLIFIED ISSUE WHOLE LIFE PLAN 1 & 2	STATE	QTY
Senior Tribute Brochure & Application		
Life Replacement Form		

ADMINISTRATIVE FORMS	QTY
New Business Transmittal	
PreAuthorized Check Card & Credit Card	
Pensacola Return Address Envelope	

**All requests are subject to approval based on production.
Please allow 2-3 days for processing business.**

Please **print** clearly in black ink, **DO NOT** use address labels:

Agency/Agent Name: _____

Agent Number (Required): _____ Telephone Number: _____

Standard Overnight* (If no box is checked, supplies will be shipped Standard.)

*Please provide FedEx or UPS account information: _____
(Without an account number, supplies will be shipped Standard.)

FedEx or UPS Street Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

(Without an e-mail address, confirmation order number will not be provided.)