

# SUPPLY ORDER FORM

Individual Major Medical & Dental

ITEM	QUANTITY	ITEM	QUANTITY
Choice Individual Major Medical Brochure Multi-State	_____	World Small Return Envelopes	_____
Choice Individual Major Medical Rate Sheet	_____	Choice Plan Description:	
Value Brochure	_____	Choice A (U3603-CO)	_____
Value Rate Sheet	_____	Choice B (U3604-CO)	_____
World Application #G1010	_____	Choice C (U3601-CO)	_____
Individual Major Medical Replacement Form #M1105	_____	Choice D (U3602-CO)	_____
Short Term Individual Major Medical Brochure / Application	_____	Short-term (U2192-CO)	_____
PPO Directory (maximum of 3 per order)	_____	Value Plan Description:	
Medical Claims Forms	_____	Value 70 (U3605-CO)	_____
Prescription Claim Forms	_____	Value 50 (U3606-CO)	_____
PT Health & Life Return Envelopes	_____	Determination of Self-Employed Business Group of One #W1130	_____
World Large Return Envelopes	_____	Waiver of Coverage #W1132	_____
		Disclosure & Certificate #W1133	_____
		CO Health Plan Description for Self-Employed Business Group of One	_____

**Please Send:**

- Health Underwriting Guide
- Agent Information Guide

**EXPEDITE ORDER TO:** Agent: \_\_\_\_\_ Agent # \_\_\_\_\_  
 Agency: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



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