



**Pennsylvania
Agent Supply Request Form**

Agent Name Agent Number Phone Number

Street Address City State Zip

Medicare Supplement

| Description | Doc Number | Quantity Needed |
|---|-----------------|-----------------|
| Brochure Kit: Outline of Coverage, Individual Plan Outlines, and Rates NEW! (Effective June 1, 2019) | Doc-9767 | |
| Application Kit: Application, Receipt, and HIPAA Form | Doc-9766 | |
| Replacement Form: | Doc-7264 | |

Platinum Series Whole Life

| Description | Doc Number | Quantity Needed |
|--------------------------|-----------------|-----------------|
| Brochure: | Doc-8280 | |
| Application: | Doc-8290 | |
| Replacement Form: | Doc-8727 | |
| Disclosure Form: | Doc-8288 | |

Annuity

| Description | Doc Number | Quantity Needed |
|--|-----------------|-----------------|
| Annuity Kit Application, Brochure, Buyer's Guide, and Rates | | |
| Suitability Analysis Form: | Doc-7967 | |
| Replacement Form: | Doc-8727 | |

Medicare Advantage Gap

| Description | Doc Number | Quantity Needed |
|--|------------|-----------------|
| Medicare Advantage Gap Brochure | | |

Please fax all orders to 281-368-7282 or email to marketing@neweralife.com

All agent supplies are shipped out from Houston, Texas within 24 hours.