

SUPPLY REQUEST FORM

Perfect Portfolio Products

Mutual of Omaha & Affiliates: Custom Solution & Secure Solution & Medicare Supplement • **Securian Financial:** SecureCare
 • **Guarantee Trust Life (GTL):** Critical Cash/Care, Home Health Care • **True Freedom:** Home Care Service Plans

Today's Date _____ Need-By Date _____ Agent Number _____

Agent Name / Agency Name _____

Email _____ Phone _____ Fax _____

Physical Address _____

Supply orders are shipped standard UPS ground, within 24 hours of receipt.

For overnight service, provide the following:

FedEx UPS DHL Your Account # _____

SUPPLIES NEEDED FOR:

_____ State

LONG - TERM CARE - Individual	Quantity	HOME HEALTH CARE PLAN (GTL)	Quantity
Custom Solution • Secure Solution		Application/Consumer Forms Packet <i>(1 per applicant)</i>	
Application Packet for both Custom Solution & Secure Solution <i>(All required forms for two applicants)*</i>		Consumer Brochure	
Consumer "Next Steps" Flyer		Tri-Fold Brochure (No Rates)	
Custom Solution Consumer Brochure		Quad-Fold Brochure with Rates	
Secure Solution Consumer Brochure		Agent Rate & Underwriting Guide**	
MutualCare® Solutions Partnership Brochure		HYBRID/LINKED-BENEFIT	Quantity
MutualCare® Solutions Product Guide**		Application/Consumer Forms Packet <i>(1 per applicant)</i>	
MutualCare® Solutions Underwriting Guide**		SecureCare UL Consumer Brochure	
LTC Insurance Quote Software CD** <i>for Custom Solution & Secure Solution</i>		SecureCare UL Product Highlights** <i>(agent use)</i>	
CRITICAL CASH / CRITICAL CARE	Quantity	Application & Underwriting Process Guide**	
Application/Consumer Forms Packet <i>1 application can write 2+ applicants</i> <i>(Applicant, Spouse & Dependents)</i>		Securian Financial Tax Guide*	
Consumer Brochure		MEDICARE SUPPLEMENT	Quantity
Agent Rate & Underwriting Guide**		Mutual of Omaha & Affiliates	
Sample Policy**		Application Packet <i>(1 per applicant)</i> <i>Application packet includes black & white Brochure,</i> <i>Application and Outline of Coverage.</i>	
Critical Cash "Bucket Calculator" Software CD**		Brochure <i>(Color)</i>	
HOME CARE SERVICE PLAN	Quantity	Underwriting Guidelines**	
Enrollment Form <i>(1 per applicant)</i>		Choosing a Medigap Policy	
Consumer Brochure		5 Reasons to Choose a Medicare Supplement Policy	
Price Sheet			

* Limit 25 ** Limit 1 (For larger amounts, call your Regional Director at 800-842-7799)

COMMENTS:

DOWNLOADS:

MUTUAL OF OMAHA SUPPLIES – www.goldencareagent.com/forms (Tools tab, "Get Supplies")

MUTUAL OF OMAHA MUTUALCARE® SOLUTIONS ILLUSTRATION SOFTWARE – www.mutualLTCquote.com

TO SUBMIT YOUR REQUEST:

☎ : 888-410-7766

🖨 : 866-863-8608

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