



# Great American Supplemental Benefits Group Supply Order Form

Phone: 800-397-9240 | Fax: 888-417-8267  
Email: AustinSupplies@gafri.com

Date: \_\_\_\_\_

Agent/Agency Name: \_\_\_\_\_

Agent Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Writing Number: \_\_\_\_\_

**Not all products are available in all states. Allow 7-10 days for delivery.  
Indicate quantities for each product you need, pending availability and on hand quantities.**

LOYAL MEDICARE SUPPLEMENT	STATE*	QTY
Med Supp Application		
Med Supp Outline		
Med Supp Brochure (LOYAL-1-0003-BRO)		
NAIC Guide to Medicare		
What to Expect - Underwriting	N/A	
Agent Guide	N/A	

OTHER	QTY
FaxApp Cover Sheet	
Return Envelopes - All Companies	
Supply Order Form - All Companies	
Loyal Plan N Flyer	
Agent's Guide to the Universe	

UTA CANCER / ACCIDENT / HEART	STATE*	QTY
App Pack		
Brochure		
Rate Guide	N/A	
Guide	N/A	
Occupational Guide (Accident Only)	N/A	

- (Select Product)**

Cancer First

Cancer Treatment

Heart First

Heart Treatment

Accident

LOYAL PROTECTION PLUS	STATE*	QTY
LPP Application & Outline		
LPP Brochure (LOYAL-3-0004-BRO)*		

*\*For Agent Use Only*

\* Required, unless otherwise stated.

**ADDITIONAL INFORMATION**

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