

# Medicare Products Literature Fulfillment Request Form

Please enter the number of each piece you are requesting to the right and fax this form to (423)-296-4582 or (423) 535-7365. All materials will be shipped via regular mail.

## Medicare Products Sales Kits

Name of Kit	QTY.
BlueCross65	
BlueAdvantage PFFS*	
BlueAdvantage MA Only*	
BlueAdvantage PPO*	
BlueRx*	
Comparing Your Medicare Options*	

\*You must be credentialed to sell these products before your order can be processed  
Note: All kits come pre-assembled. Please do not add or remove anything from those kits. Agent envelopes, the BlueAdvantage PPO Provider Directory and the Guide to Insurance for People with Medicare may come to you in a separate box.

### Ship to (We cannot ship to a PO box.):

Name: \_\_\_\_\_ Agent#: \_\_\_\_\_

Company: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_