

# AGENT SUPPLY REQUEST CARD



## APPOINTMENT FORMS

GTL \_\_\_\_\_ USL \_\_\_\_\_  
AAIC \_\_\_\_\_ W-9 \_\_\_\_\_  
Commission Agreement \_\_\_\_\_

## ALLIED™ DENTAL DESIGN

brochures/all-in-one kits \_\_\_\_\_  
employer application \_\_\_\_\_  
employee enrollment form \_\_\_\_\_  
rate calculator (608) \_\_\_\_\_

## ALLIED™ LIFE & DISABILITY

brochures/all-in-one kits \_\_\_\_\_  
proposal requests \_\_\_\_\_  
employer enrollment forms \_\_\_\_\_  
employee enrollment forms \_\_\_\_\_  
statement of Insurability \_\_\_\_\_

## ALLIED™ TEMPORARY HEALTH

complete kits \_\_\_\_\_

## PROPOSAL SOFTWARE \_\_\_\_\_

## PRESCRIPTIONS

Prescription Claim Form #530 \_\_\_\_\_

## MISCELLANEOUS

U/W reply envelopes \_\_\_\_\_  
employee change request \_\_\_\_\_  
case submission envelopes \_\_\_\_\_  
bank authorization cards \_\_\_\_\_  
request for proposal \_\_\_\_\_  
dental claim forms \_\_\_\_\_

## WELLNESS HORIZONS®

### HEALTH PLANS

GTL \_\_\_\_\_ AAIC \_\_\_\_\_  
plan disclosure \_\_\_\_\_  
complete kit \_\_\_\_\_  
brochure \_\_\_\_\_  
agent guide \_\_\_\_\_  
employer enrollment \_\_\_\_\_  
employee enrollment \_\_\_\_\_  
waiver \_\_\_\_\_  
GTL Only \_\_\_\_\_  
Texas employee enrollment \_\_\_\_\_

## ALLIED™ COST SAVER

employee enrollment \_\_\_\_\_  
complete kit \_\_\_\_\_

Other Supplies \_\_\_\_\_

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

Company \_\_\_\_\_

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

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

Phone # (      ) \_\_\_\_\_

Fax # (      ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Please call Allied Sales Support at 1-888-767-7133 with questions.

All forms can be downloaded from our website [www.alliednational.com](http://www.alliednational.com)