



Supply Order Form

Internal Use Only
PMC # _____

Date _____

Contact Name and phone # _____ Producer Number _____

Company _____ Name _____

Street Address _____ City _____ State _____ ZIP _____
no PO Boxes

Point of Sale Kits	State/QTY
Dental PTI#1716 (includes app book, brochure)	
Med Supp PTI#1709 (includes Med Supp app book with dental app, brochure, buyer's guide and MACRA insert) AR, CA, NJ, NY, ND, OR, TN, TX, WV	
Med Supp PTI#2373 (includes Med Supp app book with dental app, brochure and buyer's guide) AL, AK, AZ, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MI, MS, MO, MT, NE, NV, NH, NM, NC, OH, OK, RI, SC, SD, UT, VT, VA, WA, WY	
Med Supp MN PTI#1715 (includes Med Supp app book with dental app, brochure and buyer's guide) Check box to specify brochure: <input type="checkbox"/> Basic (420266_MN_B) <input type="checkbox"/> 2020 Extended Basic (420266_MN_2020EB) If not specified the Basic brochure will be ordered. If needed, order the Extended Basic insert (462959) as a bulk item below	
Med Supp WI PTI#1706 (includes Med Supp app book with dental app, brochure, buyer's guide and MACRA insert)	
2021 PDP Enrollment Kit PTI#1707 (includes enrollment packet and BRE to submit enrollment form)	
2022 PDP Enrollment Kit PTI#2325 (includes enrollment packet and BRE to submit enrollment form)	

***Order maximum of 10 per item for Life, Annuity, Long-Term Care, Critical Advantage, Disability Income and Accidental Death products.**

Materials are available on Sales Professional Access www.mutualofomaha.com/broker to download.

Name of Individual Items	Item Number	State	Qty <i>*max qty - 10</i>

Comments: If more materials are needed, please provide business justification.

Email form to fulfillment.services@mutualofomaha.com or call Sales Support at 800-693-6083. Listen carefully to the messaging, remain on the line for Sales Support and you will hear options to order supplies.