

Med Supp Prospecting Material Overprint Order Form



INSTRUCTIONS

Step 1: Choose the items you want – postcard, self-mailer, color flyer, newspaper ad – and type or print the information using block letters.

Step 2: Fax this order form to the number below.

Step 3: Please allow three-four weeks for printing and shipping your order.

Before printing, we'll send you one PDF to review your information for accuracy.

ABOUT YOU

Your Name _____

E-mail Address (to review your overprint) _____

Daytime Phone Number _____ Producer Number _____

SHIPPING DIRECTIONS

Ship items to:

Company _____

Attention _____

Street Address (cannot ship to a P.O. box) _____

City, State, ZIP _____

If there is a mail date or publication deadline (for newspaper ad), please indicate it here _____

PROSPECTING ITEMS

What are you ordering? (Not available in all states; call if you are unsure)

- Postcard (9"x 6" only)
- Self-mailer with reply card
- Four-color rate flyer (fits 8 1/2" x 11")
- Letter with rate; item # _____
- Black and white newspaper ad; item # _____
 - Minimum size in most states: 4.5" wide x 5.75" high without photo
 - Ad space dimensions in inches (verify with the newspaper before ordering) width _____ inches by height _____ inches
 - We can increase the ad to fit a larger space
 - Allow five days to process

Quantity (100 - 5,000) _____

OVERPRINT INFORMATION

Rates (doesn't apply to some newspaper ads)

We'll provide the rates based on the information you provide here. Where applicable, only female nontobacco rates are advertised because they're lower and space is limited.

State	Age(s) (limit 3)	Med supp plan(s) (limit 2)	ZIP codes for ZIP-rated states

**Questions on Orders:
Call 800-673-6493, ext. 2186, for Jo Becerra
Fax form to: 402-351-2456, attn: Jo**

Contact*

How do you want your audience to contact you?

*Please note:

- If you do not provide a company name, we must add Independent Insurance Agent below your name.
- Sorry, we cannot advertise your Web site address.

Company name _____

Your name _____

Local and/or toll-free phone number (required) _____

E-mail address (optional) _____

Mailing Address on Reply Card

Applies to self-mailer only.

Company _____

Name _____

Street Address _____

City, State, ZIP + 4-Digit Extension _____

POSTAGE METHOD

Not Required – Complete only if you have a permit

Applies only to the rate postcard and self-mailer with reply card. Please choose one of the following. Contact your local post office for permit information.

Bulk Rate Permit

<input type="checkbox"/> Presort Standard or <input type="checkbox"/> Presort First Class	Permit #	City of Origin
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Presort standard indicia imprinted to show postage prepayment.

BRM (Business Reply Mailing Permit)

Permit #	City of Origin	Unique business reply plus 4-digit ZIP extension*
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* Usually begins with 9. If business reply mail is received at the post office without the proper unique business reply plus 4-digit extension, your mail could be delayed indefinitely.

For an annual permit fee, BRM allows the permit holder to receive First-Class Mail and Priority Mail back from customers by paying postage only on the mail returned. The BRM permit holder guarantees payment of First-Class Mail postage plus a per piece charge for pieces returned by the USPS.

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