

SUPPLY REQUEST

TO: indteam@rsdoughty.com OR Fax to: 515-727-6013

Mailing labels to R. S. Doughty Associates, Ltd., 3345 106th Circle, Urbandale, IA 50322

WELLMARK BLUE CROSS BLUE SHIELD PRODUCTS

SimplyBlue **Under 65 Kits** - (INCLUDES ALL NECESSARY FORMS LISTED BELOW)

- _____ M-51950 Health Plans for Individuals and Families **Jacket**
- _____ M-53818 Health Plans for Individuals and Families **QUOTE WORKSHEET**
- _____ N-53254 **Application for Individual Health**, Dental, Life Ins.:(Including BlueTransitions)
- _____ M-50337 SimplyBlue **Rate Book**
- _____ M-53822 Outline of Coverage **AllianceSelect**, Comprehensive, Enhanced and Value Plans
- _____ M-53823 Outline of Coverage **BluePriority HSA**
- _____ M-53815 Outline of Coverage **BlueBasics**
- _____ M-53866 Understanding the Application Process

_____ BlueTransitions **Kits** (Includes App., Rate Book, Outline of Coverage, & Tip Sheet)

_____ N-5428 Individual Health plan **Contract Change Form**

_____ M-5779 **Automatic Payment Authorization** Form for Wellmark and USABLE Life

_____ MedicareBlue Supplement Enrollment **Kits** - (INCLUDES ALL NECESSARY FORMS LIST BELOW)

- _____ M-53314 Application for MedicareBlue Supplement
- _____ M-53892 Outline of MedicareBlue Supplement Coverage
- _____ M-53106 Notice to Applicant Regarding Replacement of Medicare Supplement Insurance
- _____ M-53172 SHIIP Insert
- _____ M-6001 Choosing a Medigap Policy: Guide for People with Medicare from CMS/NAIC
- _____ M-50374 MedicareBlue Supplement Enrollment Kit Jacket

_____ Short Term Major Medical **Kits** (INCLUDES ALL NECESSARY FORMS)

_____ Iowa Uniform Group Health Application—please call RSDA for e-mail download.

_____ N-5411 Group Application (This application may be used for any size group for additions and changes.)

_____ S-5003 Alliance Select Provider Directory

_____ B-0003 Blue Dental Provider Directory

_____ S-8010 Blue Access/Blue Advantage/Blue Choice Provider Directory

Other: _____

SHIP TO: AGENT _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____ DATE _____