

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**
- _____ N-53254 **Application for Individual Health**, Dental, Life Insurance
- _____ 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**

_____ 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)**

_____ MedicareBlue Rx (PDP) 2011 Enrollment **Kits - (INCLUDES ALL NECESSARY FORMS)**

_____ MedicareBlue PPO 2011 Enrollment **Kits - (INCLUDES ALL NECESSARY FORMS)**

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

_____ Iowa Uniform Group Health Application—please call RS Doughty 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 _____