

AGENT SUPPLY REQUEST CARD



APPOINTMENT FORMS

FSLIC ___ GTL ___
SFL ___ USL ___
W-9 ___
Commission Agreement ___

HORIZONS™ DENTAL DESIGN

complete sales kits ___
employer application ___
employee enrollment forms ___

HORIZONS™ LIFE & DISABILITY

complete kits ___
proposal requests ___
agent guides ___
brochures ___
employer enrollment forms ___
employee enrollment forms ___
life plan sheet ___
disability plan sheet ___
statement of health ___

HORIZONS™ TEMPORARY HEALTH

complete kits ___

MISCELLANEOUS

bank authorization cards ___
dental claim forms ___
claims reply envelopes ___
U/W reply envelopes ___
case submission envelopes ___
employee change request ___

PROPOSAL SOFTWARE

(for WINDOWS 95/98 only) ___

HORIZONS HEALTH PLANS

employee enrollment TX only ___
agent guide ___
employer application ___
employee enrollment forms ___
waivers ___
request for proposal ___

Wellness Horizons

plan disclosure ___
complete kit ___
brochure ___

Horizons Cost Saver

complete kit ___
brochures ___

Other Supplies _____

Name _____ Agent# _____

Company _____

Street Address _____

City _____ State _____ Zip _____

Phone # () _____

Fax # () _____

E-mail address _____

Please call Allied at 1-800-825-7531, ext 885 with questions.

SOURCE CODE _____ ADM. USE _____

All forms can be downloaded from our website www.alliednational.com