

Supply Requisition – Ohio

Date: _____

Agent Number: _____

Agent or Agency: _____

Street Address Only (No P.O. Box): _____

Telephone Number: _____

Please order your supplies through our website at www.american-community.com or fax this form to the Home Office National Sales Office at (734) 853-3235.

Product Brochures

Supply #	Description	Qty.	Supply #	Description	Qty.
0008	Short Term (application & rates incl.)	_____	0447	Medalist (state variations included)	_____
0037	Community Preferred (state variations incl.)	_____	0462	Community Med HSA (state variations incl.)	_____
0050	OH Individual Alternate Insurance Plans	_____	0469	American's Equity Advantage HSA	_____
0163	Ins. Plans for Federally Eligible Individuals	_____	0479	American's Omega Solutions Brochure	_____
0271	Premium Only Plan – Employer Guide	_____	0518	Individual Next Generation HSA	_____
0272	Premium Only Plan – Marketing Guide	_____	0532	Individual Triple Tier	_____
0315	American's Advantage Group Plan	_____	0533	Group Next Generation HSA	_____
0400	American's Preferred Employer Plan	_____	0537	Group Triple Tier	_____
0413	Community Med 100 (state variations incl.)	_____	0564	American's Choice Options	_____

State Variations

Supply #	Description	Qty.	Supply #	Description	Qty.
0346	American's Advantage Group Plan	_____	0531	Individual Triple Tier	_____
0401	American's Preferred Employer Plan	_____	0536	Group Next Generation HSA	_____
0491	American's Equity Advantage HSA	_____	0539	Group Triple Tier	_____
0528	Individual Next Generation HSA	_____			

Applications

Supply #	Description	Qty.	Supply #	Description	Qty.
0005	Group Employee 690	_____	0423	Large Group Employer - LGERA	_____
0098	HA-1	_____	0428	All Purpose Authorization Form	_____
0103	OH Individual HIPAA	_____	0450	Small Group Employer - SGERA	_____
0120	580 Supplemental	_____	0503	Group HSA Fund Checklist	_____
0210	Group Non-Medical Employee - LGEA	_____	0506	Group Employee HSA Enrollment Form	_____
0414	Authorization/Privacy Form	_____	0548	OH Benefit Addendum to the HA-1	_____
0420	Pre-Review Request Form - Group	_____			

Individual Rates

Supply #	Description	Qty.	Supply #	Description	Qty.
0156	OH HIPAA Rate Card	_____	0475	Community Med HSA	_____
0265	Community Preferred	_____	0524	Next Generation HSA	_____
0358	Medalist	_____	0526	Triple Tier	_____
0410	Community Med 100	_____			

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Supply Requisition – Ohio

Guides

Supply #	Description	Qty.
0041	Group Field Underwriting Guidelines	_____

Forms

Supply #	Description	Qty.	Supply #	Description	Qty.
0016	Arthritis Questionnaire	_____	0169	Policy Change Form	_____
0017	Digestive/Ulcer Questionnaire	_____	0173	Trust Request to Participate	_____
0018	Ear/Otitis Questionnaire	_____	0211	Correction of Information 05-109 616	_____
0019	Gastrointestinal Questionnaire	_____	0212	Census Data Sheet	_____
0020	Kidney/Urinary Questionnaire	_____	0213	Claim Form for Disability Benefits	_____
0021	Mental Health Questionnaire	_____	0220	Application for Removal of Exclusion Rider	_____
0022	Migraine/Headache Questionnaire	_____	0229	Trust Agreement	_____
0023	Seizure/Epilepsy Questionnaire	_____	0266	Request to Redate Health Insurance Policy	_____
0024	Spinal Questionnaire	_____	0276	Alcohol and Drug Questionnaire	_____
0025	Thyroid Questionnaire	_____	0277	Asthma/Allergy Questionnaire	_____
0026	Tumor/Cyst Questionnaire	_____	0280	Foreign Residency Questionnaire	_____
0028	Life Insurance Claim Form	_____	0314	Certification of Small Employer Status	_____
0049	Supply Requisition	_____	0365	EFT Authorization	_____
0056	Large Group Proposal Request Form	_____	0375	Aviation/Avocation Questionnaire	_____
0068	HIV Consent Form 33-110	_____	0394	MI Underwriting Prospect Form	_____
0076	Commission Direct-Deposit Authorization	_____	0510	AC Telephone Contact List	_____
0080	HSA Questions & Answers	_____	0544	Group HSA Enrollment Checklist	_____
0088	HSA Large Group Proposal Request Form	_____	0545	Group HSA Employee Enrol. Form	_____
0113	Group Proposal Request	_____	N/A	Medical Questionnaires Packet-Group	_____
0117	Request for Deduction of Monthly Premium	_____	N/A	Medical Questionnaires Packet-Individual	_____
0118	List Billing Agreement	_____	N/A	Split Commission Agreement	_____

Prescription Drug Program

Supply #	Description	Qty.	Supply #	Description	Qty.
13584	A Guide to Your Prescription Benefits & Mail Service Pharmacy	_____	13588	Caremark.com	_____
13585	Your Prescription Benefit Program	_____	13598	Mail Service Order Form	_____
13586	Your Mail Service Pharmacy	_____	13607	Mail Order Envelope	_____
13587	Count on Generics	_____	13667	Your Prescription Drug Discount Card Prog.	_____

Network Directories (Limit 5 directories per network per order)

Supply #	Description	Qty.	Supply #	Description	Qty.
N/A	PPOM – Ohio & Northern Kentucky	_____	N/A	SuperMed Plus – Northwest	_____
N/A	SuperMed Plus – Northeast	_____	N/A	SuperMed Plus – Southwest	_____
N/A	SuperMed Plus – Central/Southeast	_____			

Advertising

Supply #	Description	Qty.	Supply #	Description	Qty.
0007	Co-Op Advertising Guidelines	_____	0427	AC Fact Sheet	_____
0165	Get Connected – Website Flyer	_____	0432	Annual Report	_____
0206	PPO Network Flyer	_____	N/A	A.M. Best's Rating Report	_____

Incentives

Supply #	Description	Qty.	Supply #	Description	Qty.
0009	Crystal Club Brochure	_____	0052	Individual Health Bonus Flyer	_____
0051	Small Group Bonus Flyer	_____	0234	Sterling Club Brochure	_____

Envelopes

Supply #	Description	Qty.	Supply #	Description	Qty.
N/A	Health - Green	_____	N/A	Return - White	_____
N/A	Group New Business - Ivory	_____			