

UNITED of OMAHA  
LIFE INSURANCE COMPANY

**GOLDENCARE USA**

**LONG-TERM CARE, MEDICARE SUPPLEMENT,  
LIVING CARE ANNUITY & TUITION REWARDS**

**SUPPLY REQUEST FORM**

Please indicate quantity desired.

Date \_\_\_\_\_ Agent Number \_\_\_\_\_ Agency \_\_\_\_\_

Agent Name \_\_\_\_\_ Phone \_\_\_\_\_

Physical Address \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Supply orders are shipped standard UPS ground, within 24 hours of receipt.  
For overnight service, provide the following:

FedEx  UPS  DHL  Your Account # \_\_\_\_\_

<b>SUPPLIES NEEDED FOR:</b>
_____
State

<b>LONG-TERM CARE</b>	AS	AS Plus	<b>MEDICARE SUPPLEMENT</b>
<b>ASSURED SOLUTIONS (AS)</b>			
<b>ASSURED SOLUTIONS PLUS (AS Plus)</b>			
<b>Application Packet</b> <i>(All required forms for 1 applicant)*</i>			<b>Application Packet</b> <i>(1 each: Brochure, App &amp; Outline)</i>
<b>Brochure</b> <i>Tax Qualified*</i>			<b>Brochure</b>
<b>Brochure</b> <i>Non-Tax Qualified*</i>			<b>Outlines of Coverage/Rates</b>
<b>Rate Book</b> <i>Tax Qualified***</i>			<b>Underwriting Guidelines</b>
<b>Rate Book</b> <i>Non-Tax Qualified***</i>			<b>Choosing a Medigap Policy</b>
<b>LTC Shopper's Guide*</b>			<b>LIVING CARE ANNUITY</b>
<b>Sample Policy***</b>			<b>Application Packet</b> <i>(1 each: Brochure, Highlights, App, &amp; Outline)</i>
<b>Pamphlet*</b> <i>"Is an LTC Insurance Policy Right for You?"</i>			<b>Brochure Product Guide</b>
<b>Pamphlet</b> <i>"Preparing for the Health Interview"</i>			<b>Contract Highlights</b>
<b>LTC Agent/Underwriting Guide***</b>			<b>Agent Guide***</b>
<b>Folder*</b>			<b>TUITION REWARDS</b>
<b>"Assured Quote" Illustration Software CD***</b> <i>or Download at: www.goldencare.com/software/uoo/ 5 MB download (on a 56k dialup, download takes approx. 15 minutes)</i>			<b>Consumer Brochure</b>
			<b>Agent Brochure</b>

**SUPPLIES CAN ALSO BE DOWNLOADED AT:**

[www.mutualofomaha.com](http://www.mutualofomaha.com) or [www.goldencareagent.com](http://www.goldencareagent.com) (Forms and Brochures link)

\*Limit 25 \*\*Limit 10 \*\*\*Limit 1

(For larger amounts, call your Regional Director at 800-842-7799)

**MAIL THIS FORM TO:** GOLDENCARE USA  
10700 COUNTY ROAD 15  
PLYMOUTH, MN 55441

**FAX TO:** 763-225-6858 **EMAIL:** SUPPLIES@GOLDENCAREUSA.COM **PHONE:** 888-410-7766



**GOLDENCARE**  
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*America's Home for Long-Term Care Insurance*