

**GOLDENCARE USA**

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

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

<b>LONG-TERM CARE - Individual</b> CA\$H-FIRST • ASSURED SOLUTIONS GOLD	<b>LONG-TERM CARE - Employer Group</b> WORKPLACE SOLUTIONS
Application Packet for both CA\$H-FIRST and ASSURED SOLUTIONS GOLD <i>(All required forms for two applicants)* Packet includes Applications, Outline of Coverage, Preparing for the Health Interview and LTC Shopper's Guide</i>	Agent / Underwriting Guide <i>Getting Started, Product Details, Underwriting Programs, Program Options, Tax Advantages, Sample Applications and more***</i>
CA\$H-FIRST Brochure	Application Packet**
ASSURED SOLUTIONS GOLD Brochure	Employee Brochure**
Sample Policy***	Employer - Business at Risk Brochure**
Pamphlet "Living Life My Way"*	Employer Tri-Fold "Here's A Smart Move" **
LTC Agent/Underwriting Guide***	Group Request Form**
Folder*	Folder**
"Assured Quote" Illustration Software CD*** <i>or Download at: www.goldencare.com/software/uool 5 MB download (on a 56k dialup, download takes approx. 15 minutes)</i>	<b>MEDICARE SUPPLEMENT</b>
<b>TUITION REWARDS</b>	Application Packet <i>(1 each: Brochure, App &amp; Outline)</i>
Consumer Brochure	Brochure
Agent Brochure	Outlines of Coverage/Rates
<b>COMMENTS</b>	Underwriting Guidelines***
	Choosing a Medigap Policy
	<b>LIVING CARE ANNUITY</b>
	Application Packet** <i>(1 each: Brochure, Highlights, App, &amp; Outline)</i>
	Brochure Product Guide
	Contract Highlights
	Agent Guide***

**SUPPLIES CAN ALSO BE DOWNLOADED AT:**

[www.mutualofomaha.com](http://www.mutualofomaha.com) or [www.goldencareagent.com](http://www.goldencareagent.com) (Ordering Supplies, 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**  
U S A  
*America's Home for Long-Term Care Insurance*