



Literature Request Form

REQUESTED BY: (Wholesaler Name)

MAIL TO: Organization Name:

Attn:

Address:

City:

State:

Zip Code:

Date Needed (please allow 2-3 business days):

QUANTITY	DESCRIPTION	ITEM NUMBER
	Producer Manual	No Item Number
	Pre-Enrollment Packet – Broker version	No Item Number
	Pre-Enrollment Packet – IST (client) version	No Item Number
	Benefit Grid (100/box)	HAH-259

Fax form to: (866) 858-1521