

**Gerber Life Insurance Company
Medicare Supplement Application Instructions**

**Kirk M. Hale
Gerber Life Representative**

**If you have any questions about completing the application please call my toll free number:
1-800-728-9609.**

If you get voice mail it's usually because I am on another call. Please leave a message and I will call you right back.

Instructions:

Application packets received by email & regular mail.

- (1) Complete by hand.
- (2) Or if you like using your computer you can complete using the Adobe Typewriter located at the top of the form. To use the typewriter function you will need the latest version of [Adobe Reader 9.0](http://www.adobe.com/products/acrobat/readstep2.html). Here is the link. Just click on it to download. <http://www.adobe.com/products/acrobat/readstep2.html>

Gerber Life requires we talk by phone or in person either before or after the application is completed and before it is submitted. We are also required to deliver an "Outline of Coverage" and "The Guide to choosing a Medicare Supplement" Both of these 2 items were included with your mail packet or attached to your email.

The forms you **DO NOT have to complete if you are in your open enrollment guarantee issue period** are listed below.

(1) Do NOT complete the health questions or list your prescriptions. **Do NOT** complete Section 4. Questions 1-15

(2) Do NOT complete the form entitled "Notice to Applicant Regarding Replacement of Medicare Supplement Insurance or Medicare Advantage" (Unless replacing a current Medicare Supplement or Medicare Advantage Plan).

(3) Do NOT complete the form entitled "Authorization to Disclose Personal Information to Gerber Life Insurance Company" (Unless replacing a current Medicare Supplement).

Getting started is easy.

- (1) Please contact Kirk Hale when you receive your application.
- (2) It is important to sign all pages where a signature and date is indicated before mailing.
- (3) Please include a check for the first month's premium made out to Gerber Life. Place the check and application in the self addressed envelope and mail back. You may also complete option A if you would like to have the 1st and future premiums deducted from your bank account. If you have received your package by email I have attached a mailing label to this instruction page that can be cut out and placed on the envelope.
- (4) You may fax the entire application if you complete the "Authorization to withdraw funds Form". Please attach a voided check to a white piece of paper and fax along with the application. Fax to: 1-413-643-8439.

Mail Completed applications to:

Kirk M Hale
3555 New Pointe Dr S
Southaven MS 38672-7307

Office Phone (662) 655-1915

If you are outside my local calling area please call toll free (800) 728-9609.

Email kirk1212@comcast.net Web site www.TheMedicareChannel.com

Fax 1-413-643-8439

License #'s

AL # 165895, AR # 284005, AZ # 855239, CO # 283288, FL # D079704, GA # 674728, ID # 342195, IA # 3741645, KS # 3741645, KY # 619930, LA # 288506, MD # NPI 99946596, MI # 0537743, MO # 336238, MS # 2467, NE # AG 392667, NM # 239771, NC # 6904, OH # 691491, OK # 71327, SC # 413633, TN # 907274, TX # 1203693, VA # 733666, WV # 460056

