Supply Requisition - Finger Lakes Long Term Care Ins. Co. Care Directions *Premier*



| Name: | | Producer Code #: | Date Requested: | | Date Needed: |
|--------------------------|--------|------------------|-----------------|-----|--------------|
| Address (No PO Boxes): _ | | | | | Phone: |
| , – | Street | City | State | Zip | Fay· |

APPLICATION ITEMS

| Qty | Form Number | Description |
|-----|---------------------|---|
| | 11-344-NY-998 | Application |
| | HTQ11-345-NY-998 | Home Health Care Application |
| | NTQ11-151-NY-998 | NTQ - Outline of Coverage |
| | LTQ11-151-NY-998 | LTQ - Outline of Coverage |
| | HTQ11-151-NY-998 | HTQ - Outline of Coverage |
| | 11-150A-NY-998 | Notice to Applicant Regarding Replacement (Agent) |
| | 11-158S30-NY-998 | Policy Change Form w/in 30 Days |
| | 11-158S31-NY-998 | Policy Change Form after 30 Days |
| | HTQ11-158S30-NY-998 | HTQ - Policy Change Form w/in 30 Days |
| | HTQ11-158S31-NY-998 | HTQ - Policy Change Form after 30 Days |

AGENT SUPPORT MATERIALS

| Qty | Form Number | Description |
|-----|---------------------|---|
| | NTQ11-117-NY | NTQ - Premium Schedule (Limit 1) |
| | LTQ11-117-NY | LTQ - Premium Schedule (Limit 1) |
| | HTQ11-117-NY | HTQ - Premium Schedule (Limit 1) |
| | LTQ11-336-NY-998 | LTQ - Sample Policy |
| | NTQ11-337-NY-998 | NTQ - Sample Policy |
| | HTQ11-338-NY-998 | HTQ - Sample Policy |
| | LTC-121 (Rev. 4-00) | Agent Field Guide (1 per Agent) |
| | Premier Rate Mate | Rate Mate Proposal Software (1 per Agent) |

SALES LITERATURE

| Qty | Form Number | Description |
|-----|---------------|--|
| | NTQ11-363-NY | NTQ - Plan Overview |
| | LTQ11-363-NY | LTQ - Plan Overview |
| | HTQ11-363-NY | HTQ - Plan Overview |
| | 11-365-NY-998 | Glossary of Terms |
| | 11-107-NY | Trifold Brochure |
| | 11-175-NY | Spousal Benefit Transfer Brochure |
| | 11-364P-NY | Product Specific Marketing Booklet |
| | | (Contains all of the above.) |
| | 11-364-NY | Marketing Brochure "Protect Your Priorities" |

OTHER ITEMS

| Qty | Form Number | Description |
|-----|------------------------|---|
| | 11-63-BC-NY | Supply Requisition |
| | LTC-LP | Shoppers Guide (NAIC) Required |
| | Current Medicare Guide | Guide to Health Insurance for People with |
| | | Medicare |

Mail this Requisition to: Long-Term Care

One Blue Cross Place 165 Court Street

Rochester, New York 14647

OR Fax: 716-238-3642 OR Call: 1-800-724-1582

PRODUCT CODE KEY: NTQ - Nursing Facility Policy (Tax-Qualified) LTQ - Multiple Care Settings (Tax-Qualified) HTQ - Home Health Care (Tax Qualified)