

SYNDICATED INSURANCE

.....S E R V I C E S, I N C

Request for Medicare Supplement Quote

If you would like Syndicated to send you a Medicare Supplement quote please complete the following and either fax or email to Syndicated Insurance.

You can also email us with this information and we can quote from that as well.

Email: sue@synins.com or Fax: 847-882-7920

Name:		
Zip Code:		
Email Address:		
Phone Number:		
Birthday:		
Smoker?	Yes	No
Prescriptions : <i>In order to quote you Plan D we need the following information:</i> <i>Name of drug</i> <i>Strength/dosage</i> <i>Frequency</i>	<i>Feel free to write your prescriptions on a separate piece of paper</i>	
<i>If quoting a husband and wife</i>		
Spouse Birthday:		
Does the spouse smoke?	Yes	No
Spouse's Prescriptions : <i>In order to quote you Plan D we need the following information:</i> <i>Name of drug</i> <i>Strength/dosage</i> <i>Frequency</i>	<i>Feel free to write your prescriptions on a separate piece of paper</i>	