OKC Insurance Brokers
11901 N MacArthur Blvd STE D9, Oklahoma City, OK 73162
(405) 509-9433 | OKCIB.com

Medicare Supplement Quote

Please print clearly, then email a scan or photo of every page to info@okcib.com or bring it to our office. Questions marked * are required. You can also fill this out online at okcib.com - just ask us for the link.

YOUR CONTACT INFORMATION

First Name * _____

Last Name * _____

Phone * _____

Email * _____

Date of Birth (needed to start your quote) * _____ MM / DD / YYYY

QUESTIONS

Address *
Street

_____

City / State / ZIP

_____

Type of Enrollment *
(check all that apply)

☐ Have a Medicare Supplement ☐ Turning 65 ☐ Under 65 ☐ Under 65 Disability

Plans *
(check all that apply)

☐ A ☐ G ☐ G High Deductible ☐ N

How would you like us to contact you?

☐ Call ☐ Email ☐ Text

Do you have coverage for this now? *

☐ Yes ☐ No

Only if "Do you have coverage for this now?" = Yes:

Who is it with now? _____

Only if "Do you have coverage for this now?" = Yes:

When does that policy expire? _____ MM / DD / YYYY

When do you want coverage to start? * _____ MM / DD / YYYY

Attach documents (current policy, dec page, photos - optional)
Please attach a copy with this form.

I confirm the answers above are true and complete to the best of my knowledge. Sending this form does not bind coverage; nothing is in force until confirmed in writing by OKC Insurance Brokers.

Signature

Date