



## OKC Insurance Brokers

11901 N MacArthur Blvd, Suite D-9, 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](mailto:info@okcib.com) or bring it to our office. Questions marked \* are required. You can also fill this out online at [okcib.com](http://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