AEP Broker Materials Order Form

Email completed request to: MAsales@apex4health.com

☐ **Send to Memorial Hermann Health Plan office (Katy)**
(To be picked up by agent)

Agent Name: _____

Phone #: _____

☐ **Send to other location**
(provide name and address)

_____

_____

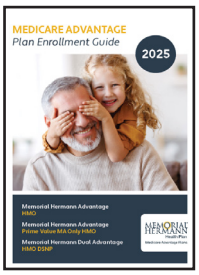
_____

_____

Phone #: _____

Broker Materials

All-Plan Sales Kit w/ SOBs



☐ English ☐ Spanish

QTY: ☐ 10 ☐ 20 ☐ 30 ☐ 50 ☐ Other

QTY: ☐ 10 ☐ 20 ☐ 30 ☐ 50 ☐ Other

Other QTY: _____

Agent Referral Card

☐ English ☐ Spanish

QTY: ☐ 50 ☐ 100 ☐ 150 ☐ 200 ☐ Other

QTY: ☐ 50 ☐ 100 ☐ 150 ☐ 200 ☐ Other

Other QTY: _____

Plans & Benefits Bi-fold

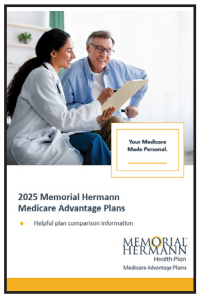
☐ English ☐ Spanish

QTY: ☐ 50 ☐ 100 ☐ 150 ☐ 200 ☐ Other

QTY: ☐ 50 ☐ 100 ☐ 150 ☐ 200 ☐ Other

Other QTY: _____

Plan Comparison Tri-fold



☐ English ☐ Spanish

QTY: ☐ 50 ☐ 100 ☐ 150 ☐ 200 ☐ Other

QTY: ☐ 50 ☐ 100 ☐ 150 ☐ 200 ☐ Other

Other QTY: _____

Date completed: _____

Notes:

MEMORIAL HERMANN
Health Plan
Medicare Advantage Plans