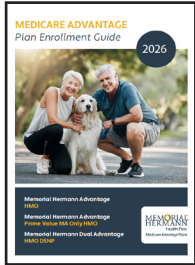


# AEP Broker Materials Order Form

Email completed request to: [MASales@apex4health.com](mailto:MASales@apex4health.com)

## 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 ☐ Other

QTY: ☐ 50 ☐ 100 ☐ Other

Other QTY: \_\_\_\_\_

### Plan Comparison Tri-fold



☐ English ☐ Spanish

QTY: ☐ 50 ☐ 100 ☐ 150 ☐ 200 ☐ Other

QTY: ☐ 50 ☐ 100 ☐ 150 ☐ 200 ☐ Other

Other QTY: \_\_\_\_\_

☐

**Memorial Hermann  
Health Plan will contact you**

(To be picked up by agent at Katy office)

Agent Name: \_\_\_\_\_

Phone #: \_\_\_\_\_

☐

**Send to other location**

(provide name and address)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone #: \_\_\_\_\_

Date completed: \_\_\_\_\_

Notes: