

# Supply Order Form Medicare & Individual Plans

**Fax:**

HealthPartners Medicare & Individual Sales  
952-853-8718

**Mail:**

HealthPartners Medicare & Individual Sales  
Mail Stop 21102A  
P. O. Box 1309  
Minneapolis, MN 55440-1309

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

Broker Name: \_\_\_\_\_

Broker Number: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Please indicate quantities next to items listed below. *NOTE: Please specify for all packets if more than 1 application is needed in each packet.*

**MEDICARE****Enrollment Packets**

- \_\_\_ HealthPartners Freedom (Minnesota) packet
- \_\_\_ HealthPartners Freedom (Wisconsin) packet
- \_\_\_ HealthPartners Classic packet

**Directories & Other Documents**

- \_\_\_ HealthPartners Freedom Directory (Metro /Greater MN) *CD*
- \_\_\_ HealthPartners Freedom Directory (Metro) *printed*
- \_\_\_ HealthPartners Freedom Directory (Greater MN) *printed*
- \_\_\_ HealthPartners Part D Pharmacy Network (Freedom & Liberty) *printed*
- \_\_\_ HealthPartners Classic Directory *printed*
- \_\_\_ Formulary

**INDIVIDUAL****Enrollment Packets**

- \_\_\_ HealthPartners Three for Free individual plan packet
- \_\_\_ HealthPartners Empower individual plan packet
- \_\_\_ HealthPartners Traditional individual plan packet
- \_\_\_ HealthPartners Traditional & Three for Free Individual plans packet
- \_\_\_ HealthPartners Empower & Traditional individual plans packet
- \_\_\_ HealthPartners Short Term individual plan packet

**Directories & Other Documents**

- \_\_\_ HealthPartners Open Access Network *CD*