

# SUPPLY REQUEST FOR THE STATE OF CALIFORNIA PENN TREATY NETWORK AMERICA INSURANCE COMPANY<sup>SM</sup>

DATE: \_\_\_\_\_ AGENCY WRITING #: \_\_\_\_\_ PHONE: \_\_\_\_\_

AGENT OR AGENCY NAME: \_\_\_\_\_

STREET ADDRESS (NO P.O. BOX): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

PHONE: (800) 362-0700 EXT. 5020 \* FAX: (877) LTC-FAXX \* LOCAL FAX: (610) 965-0131 \* E-MAIL: [marketing@penntreaty.com](mailto:marketing@penntreaty.com)

If this form is older than two months, please verify the most current product availability at [www.penntreaty.com](http://www.penntreaty.com)

## PERSONAL FREEDOM<sup>®</sup>-3 POLICY

Non-Tax Qualified

- ADVERTISING BROCHURE**  
*PF3-BR(4-04)-P(CA)(NTQ)*
- FORMS BOOKLET**  
*PF3-Forms-NTQ(CA)*
  - PF3-P-OC(CA) outline of coverage
  - PF3-PTA-APP-NTQ(CA) application
  - PF3-PW-P(Rev2)(CA) personal worksheet
  - SW 1997 suitability waiver
  - LTC-TSBB-P(CA) Things You Should Know
  - HIPAA – AUTH (06/06) Authorization to Release Information
  - NOIP-A1 and NOIP-B 05/06 Notice of Information Practices
  - PR-136-PTNA(CA) 01/2003 Automatic Bankdraft Form
  - PTNA-APPREC(5-05)(CA) Application Receipt
  - CALTQ-NOTICE(CA)-N Important Notice
- RATE BOOK**  
*PF3-RS(1-07)(CA)(NTQ)*

Tax-Qualified

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*PF3-RS(1-07)(CA)(TQ)*

## SECURED RISK NURSING FACILITY<sup>®</sup> POLICY and LIMITED BENEFIT

Tax Qualified

- ADVERTISING BROCHURE**  
*PTNA-SR2-BR-TQ(1-06)(CA)*
- FORMS BOOKLET**  
*SR2-Forms(8-06)(CA)*
  - SR2-P-OC(CA) outline of coverage
  - SR2-PTA-APP(INDVL)(CA)(Rev) application
  - ALP2-PW-P(Rev2)(CA) personal worksheet
  - SW 1997 suitability waiver
  - LTC-TSBB-P(CA) Things You Should Know
  - HIPAA – AUTH (06/06) Authorization to Release Information
  - NOIP-A1 and NOIP-B 05/06 Notice of Information Practices
  - PR-136-PTNA(CA) 01/2003 Automatic Bankdraft Form
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*SR2-R-CINF-RS(CA)(1/06)*

## FORMS FOR APPLICANTS WHO ARE REPLACING EXISTING POLICIES

- COMP 1997-N comparison form
- REPL 1997-N(CA) replacement form

## FORMS FOR APPLICANTS WHO ARE ELIGIBLE FOR MEDICARE

- MEDICARE SUPPLEMENT BUYER'S GUIDE: 2006-MSG

## OTHER MARKETING MATERIALS AND ADMINISTRATIVE FORMS

- IN4LT-FLY(6/03) In It for the Long Term informational agent flyer
- PTNA-PDR(8-03) Policy Delivery Receipt (leave one copy with applicant and send one back to company)
- FRAN-AGNT(3-05)-P LTC Benefits for Associations informational agent brochure
- P-EV-135 new business envelopes
- NAIC-A Shopper's Guide to Long Term Care-ver. 2006
- PTNA-UN-143 new business transmittals
- SRF(CA) Supply Request Form
- TESTIMONIAL BROCHURE 8/02 Testimonial Brochure
- PTA-UND(3/04) underwriting guidelines book (for use with PF3)
- PTNA-UND(12/04) What is Underwriting? informational agent brochure
- Taking Care of Tomorrow- A Consumer's Guide to Long-Term Care
- Benefit Req Form(8-06) Benefit Change Request Form