

**SUPPLY REQUEST FOR THE STATE OF NEW YORK**  
AMERICAN INDEPENDENT NETWORK INSURANCE COMPANY OF NEW YORK<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)

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

Non-Tax Qualified

- ADVERTISING BROCHURE**  
*PF3-BR(4-04)-AI(NTQ)(NY)*
- FORMS BOOKLET**  
*PF3-Forms-NTQ(NY)*  
PF3-AIN-OC(NY) outline of coverage  
PF3-AIN-APP application  
NYCR-AI conditional receipt  
HIPAA – AUTH-AI (06/06) Authorization to Release Information  
NOIP-A1 and NOIP-B 05/06 Notice of Information Practices  
PR-136-AINIC 01/2003 Automatic Bankdraft Form  
AIN-APPREC(5-05) Application Receipt
- RATE BOOK**  
*PF3-RS(1-07)(NY)(NTQ)*

Tax-Qualified

- ADVERTISING BROCHURE**  
*PF3-BR(4-04)-AI(TQ)(NY)*
- FORMS BOOKLET**  
*PF3-Forms-TQ(NY)*  
PF3-TQ-AIN-OC(NY) outline of coverage  
PF3-AIN-APP application  
NYCR-AI conditional receipt  
HIPAA – AUTH-AI (06/06) Authorization to Release Information  
NOIP-A1 and NOIP-B 05/06 Notice of Information Practices  
PR-136-AINIC 01/2003 Automatic Bankdraft Form  
AIN-APPREC(5-05) Application Receipt
- RATE BOOK**  
*PF3-RS(1-07)(NY)(TQ)*

**NURSING HOME ONLY POLICY**

Non-Tax Qualified

- ADVERTISING BROCHURE**  
*AINIC-ALP-BR(6-00)(NY)*
- FORMS BOOKLET**  
*ALP-Forms-NTQ(NY)*  
ALP1(NY)-OC & ALP2(NY)-OC outline of coverage  
ALP-AINIC-APP(NY) application  
NYCR-AI conditional receipt  
HIPAA – AUTH-AI (06/06) Authorization to Release Information  
NOIP-A1 and NOIP-B 05/06 Notice of Information Practices  
PR-136-AINIC 01/2003 Automatic Bankdraft Form  
AIN-APPREC(5-05) Application Receipt
- RATE BOOK**  
*AINIC-ALP-RS(1-07)(NTQ)*

Tax-Qualified

- ADVERTISING BROCHURE**  
*NY-AINIC-ALPTQ-BR(6-00)*
- FORMS BOOKLET**  
*ALP-Forms-TQ(NY)*  
ALP1(NY)-TQ-OC & ALP2(NY)-TQ-OC outline of coverage  
ALP-AINIC-APP(NY) application  
NYCR-AI conditional receipt  
HIPAA – AUTH-AI (06/06) Authorization to Release Information  
NOIP-A1 and NOIP-B 05/06 Notice of Information Practices  
PR-136-AINIC 01/2003 Automatic Bankdraft Form  
AIN-APPREC(5-05) Application Receipt
- RATE BOOK**  
*AINIC-ALPTQ-RS(1-07)(TQ)*

**HOME CARE ONLY POLICY**

Non-Tax Qualified

- ADVERTISING BROCHURE**  
*AINIC-IL4-BR(5-04)(NY)*
- FORMS BOOKLET**  
*IL4-Forms-NTQ(NY)*  
IL4-1-OC(NY) & IL4-2-OC(NY) outline of coverage  
IL4-AINIC-APP(NY) application  
NYCR-AI conditional receipt  
HIPAA – AUTH-AI (06/06) Authorization to Release Information  
NOIP-A1 and NOIP-B 05/06 Notice of Information Practices  
PR-136-AINIC 01/2003 Automatic Bankdraft Form  
AIN-APPREC(5-05) Application Receipt
- RATE BOOK**  
*AINIC-IL4-RS(1-07)(NTQ)*

Tax-Qualified

- ADVERTISING BROCHURE**  
*AINIC-IL4-TQ-BR(3-01)(NY)*
- FORMS BOOKLET**  
*IL4-Forms-TQ(NY)*  
IL4-1-TQ-OC(NY) & IL4-2-TQ-OC(NY) outline of coverage  
IL4-AINIC-APP(NY) application  
NYCR-AI conditional receipt  
HIPAA – AUTH-AI (06/06) Authorization to Release Information  
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*AINIC-IL4-RS(1-07)(TQ)*

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**FORMS FOR APPLICANTS WHO ARE REPLACING EXISTING POLICIES**

- COMP 1997-AI comparison form
- REPL 1997-AI replacement form

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**FORMS FOR APPLICANTS WHO ARE ELIGIBLE FOR MEDICARE**

- MEDICARE SUPPLEMENT BUYER'S GUIDE: 2006-MSG

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**OTHER MARKETING MATERIALS AND ADMINISTRATIVE FORMS**

- IN4LT-FLY(6/03) In It for the Long Term informational agent flyer
- AIN-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
- New Business Envelopes
- New Business Transmittals
- NAIC-A Shopper's Guide to Long Term Care-ver. 2006
- SRF(NY) Supply Request Form
- TESTIMONIAL BROCHURE 8/02 Testimonial Brochure
- PTA-UND(3/04) underwriting guidelines book (for use with PF3, IL4, and ALP)
- AIN-UND(12/04) What is Underwriting? informational agent brochure
- Benefit Req Form(8-06) Benefit Change Request Form