CSO Central States Health & Life Co. of Omaha
P.O. Box 34350 • Omaha, NE 68134-0350
402-397-1111 or 1-800-826-6587
Fax: 800-732-4595
csosupplies@cso.com

Supply Requisition

DATE:_____ AGENT NUMBER: _____

ACCOUNT NAME:_____

ATT'N: _____

STREET ADDRESS:_____

CITY & STATE: _____ ZIP CODE: _____

PHONE #_____ INDICATE ITEMS NEEDED AND RETURN TO CSO.

FORM NO.	CID NO. (if applicable)	NAME OF FORM OR DESCRIPTION	QUANTITY REQUESTED
		Policy/Certificate	
		Health Application	
		Notice of Proposed Insurance (NOPI)	
		Guaranty Association	
		Complaint Notice	
E-78		Return Envelope	
E-99		New Business Envelope (billing account)	
E-919		New Business Envelope (remittance account)	
E-103		Claim Envelope	
2		Notice of Claim (MO & CA only)	
10PD		Death Claim Form (AK, AZ, CA, DC, DE, FL, IN, KY, MD, ME, MN, NH, NJ, OK, PA, TX, VA, WA, WV)	
687		Disability Claim Form (AK, AZ, CA, DC, DE, FL, IN, KY, MD, ME, MN, NH, NJ, OK, PA, TX, VA, WA, WV)	
781B		Authorization to Disclose Personal Information (MN)	
601		Monthly Report of New Business & Cancellations (remittance acct.)	
936B		Monthly Report of New Business & Cancellations (remittance acct., IL, MA, PA, RI)	
2660		Batch Summary (used for billing accounts)	
50		Cancellation Receipt (N/A Kansas)	
1656		Waiver of Protection	
621A		Peace of Mind Brochure	
621A SP		Spanish Peace of Mind Brochure	
2771		Payment Protection Plan Table Tents	
949A (MF)		Consumer Privacy Policy Single Sheet	
3116		Supply Requisition	

Ordered by _____