



GemStar Group Dental & Vision
 PrimeStar Personal Dental
 PrimeStar Classic Personal Dental
 PrimeStar Platinum Senior Dental

SUPPLY REQUISITION FORM

Please complete the information requested and indicate by using the check boxes the product, state, and number of brochures that you need. You may also request Agent Appointment forms as well as Agent Change of Record forms below. These forms are also available for download off of our StarsDental website located at www.starsdental.com.

Please print clearly

Name _____

Agency Name _____

Agent Authorization Number (AAN) _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

**To request brochures, please indicate the quantity (by state) in the boxes provided below.
 If more than one state indicated in the box, these states are covered by one brochure**

| GemStar Group Brochure | | Company | PrimeStar Personal Brochure | | Company | PrimeStar Classic Brochure | | Company | Platinum Personal Senior Brochure | | Company |
|--|------------------|----------|---|------------------|-----------------|--|------------------|-----------------|-----------------------------------|------------------|-----------------|
| | Florida | Security | | Florida | Security | | Florida | Security | | Connecticut | Security |
| | Georgia | Security | | Maine | Security | | Maine | Security | | Florida | Security |
| | Illinois | Security | | Maryland | Security | | Maryland | Security | | Maine | Security |
| | Iowa | Security | | New Hampshire | Symetra | | New Hampshire | Symetra | | Maryland | Security |
| | Kentucky | Security | | New York | Security Health | | New York | Security Health | | New Hampshire | Symetra |
| | Louisiana | Security | | South Dakota | Security | | Vermont | Symetra | | New York | Security Health |
| | Maryland | Security | | Vermont | Symetra | | All Other States | Security | | South Dakota | Security |
| | Maine | Security | | All Other States | Security | South Dakota & Washington not available | | | | Vermont | Symetra |
| | Minnesota | Security | Connecticut & Washington not available | | | | | | | All Other States | Security |
| | New Jersey | Security | | | | | | | Washington not available | | |
| | North Carolina | Security | | | | | | | | | |
| | North Dakota | Security | | | | | | | | | |
| | Pennsylvania | Security | | | | | | | | | |
| | South Dakota | Security | | | | | | | | | |
| | Vermont | Security | | | | | | | | | |
| | All Other States | Security | | | | | | | | | |
| Connecticut, New Hampshire, New York & Washington not available | | | | | | | | | | | |

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|--|--|
| New Agent Contact & Appointment Package | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Are you affiliated with Assurant Health/NorthStar Marketing | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Agent Change of Record Form | Yes <input type="checkbox"/> No <input type="checkbox"/> |

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| 3 WAYS TO REQUEST MATERIALS | |
| On-Line: Visit our website www.starsdental.com | |
| Fax: 952.945.3409 | |
| Mail: Security Life Insurance Company of America 10901 Red circle Drive, Suite 400 Minnetonka, MN 55343-9137 | |

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|---------------------------|
| ** Home Office Use |
| Date |
| Received: _____ |
| Date |
| Sent: _____ |
| Sent |
| by: _____ |
| Comments: |