

New Era Life Insurance Company
New Era Life Insurance Company of the Midwest
Philadelphia American Life Insurance Company
P.O. Box 4884
Houston, Texas 77210

**FAX Transmittal Cover Sheet For
Medicare Supplement Application With
Initial Payment by ACH**

Fax Applications to 281-368-7344

NOTE: Applications faxed to the wrong fax number may cause processing delays.

AGENT NAME: _____

AGENT NUMBER: _____

AGENT PHONE NUMBER: _____ FAX NUMBER: _____

Total number of pages being faxed (including cover sheet) _____

COMMENTS:

**If you have any questions with regard to this process, please contact New Business at
800-552-7879, ext. 1122**

This communication and any attachments transmitted with it are confidential and are solely for the use of the addressee. It may contain material that is legally privileged, proprietary or subject to copyright belonging to New Era/Philadelphia American Life Insurance Companies and its affiliates, and it may be subject to protection under federal or state law. If you are not the intended recipient, you are notified that any use of this material is strictly prohibited. If you received this transmission in error, please contact the sender immediately by telephone at the number shown above.