



# VIP Agent

Lead  
Program  
an  
exclusive  
Offer

*We are rolling out the red carpet for our Agents!*

*We understand that leads are an important part of your business,  
we would like to help you with that!*

<b>10 issued applications in a month</b>	<b>25% discount on your next mailing</b>
<b>12 issued applications in a month</b>	<b>50% discount on your next mailing</b>
<b>20 issued applications in a month</b>	<b>100% discount on your next mailing</b>

PLEASE NOTE: Discounts are applied based on business written and issued from previous lead drops. Other discounts and offered on a case by case basis. Discount pricing does not include the cost of list. For Street level Agents Only. EIS reserves the right to change guidelines and rates as needed without notice

Why your partner SHOULD be Eldercare Insurance Services, Inc.



**1.800.777.9322**

**[www.eldercarebroker.com](http://www.eldercarebroker.com)**

- \* Excellent portfolio of Carriers
- \* Competitive Products
- \* Nationwide Mobile App quote engine
- \* New Agent Fast Start Bonus
- \* Exclusive Contest incentives
- \* Elite Agent Prospecting Program
- \* Custom Agent/Agency website with Free hosting

# AGENTS

Please be advised that you **MUST** submit your order forms through **Eldercare Insurance Services** to receive the discount on your lead program.

**DO NOT** send your order forms directly to the companies.

Thank you for Contracting with  
Eldercare  
and

**ENJOY YOUR VIP  
STATUS!**

1-800-992-2722

FINAL EXPENSE SAMPLES

Updated 03.2014

*Our best pieces pull from 3%, up to 8+%. Call for information in your area.*

**FE25.6G99F**

GOVERNMENT FUNDS AVAILABLE  
FOR FINAL EXPENSES

000000000000

The government has made funds available for final expenses. Also, there is a state regulated insurance program to help pay what the government funds do not cover for final expenses. If you qualify, this program can pay 100% of all funeral and final expenses for each person covered.

Get FREE information about this program. Simply complete this no-postage-required card and return it within 5 days.

X \_\_\_\_\_  
SIGNATURE

AGE \_\_\_\_\_ SPOUSE AGE \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
AREA PHONE

FE25.6G99F  
FE25.6G99F]

[NOT AFFILIATED WITH ANY GOVERNMENT AGENCY

**FE25.7G99F**

GOVERNMENT FUNDS AVAILABLE  
FOR FINAL EXPENSES

000000000000

The government has made funds available for final expenses. Also, there is a state regulated insurance program to help pay what the government funds do not cover for final expenses. If you qualify, this program can pay 100% of all funeral and final expenses for each person covered.

Get FREE information about this program. Simply complete this no-postage-required card and return it within 5 days.

BENEFIT REQUESTED  
[ ] \$2,500 [ ] \$5,000 [ ] \$10,000 [ ] \$15,000

X \_\_\_\_\_  
SIGNATURE

AGE \_\_\_\_\_ SPOUSE AGE \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
AREA PHONE

FE25.7G99F  
FE25.7G99F]

[NOT AFFILIATED WITH ANY GOVERNMENT AGENCY

**FE25.3G99F**

GOVERNMENT FUNDS AVAILABLE  
FOR FINAL EXPENSES

000000000000

The government has made funds available for final expenses. Also available in your state, is a program designed to pay what the government funds do not pay for your final expenses. If you qualify, this program can pay 100% of all funeral and final expenses for each person covered.

Get FREE information about this program. Simply complete this no-postage-required card and return it within 5 days.

X \_\_\_\_\_  
SIGNATURE

AGE \_\_\_\_\_ SPOUSE AGE \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
AREA PHONE

FE25.3G99F  
FE25.3G99F]

[NOT AFFILIATED WITH ANY GOVERNMENT AGENCY



1-800-992-2722

FINAL EXPENSE SAMPLES

Updated 03.2014

*Our best pieces pull from 3%, up to 8+%. Call for information in your area.*

**FE1.26G99V**

FUNERAL BENEFIT NOTICE  
FOR <<FIRSTNAME>> <<LASTNAME>>

<<FIRSTNAME>>, 000000000000

THE SOCIAL SECURITY ADMINISTRATION ONLY PAYS \$255 TOWARD FUNERAL EXPENSES. APPROVED PROGRAMS ARE AVAILABLE IN YOUR STATE DESIGNED TO PAY WHAT THE GOVERNMENT DOES NOT PAY FOR YOUR FUNERAL EXPENSES. IF YOU QUALIFY, THESE PLANS MAY PAY 100% OF ALL FUNERAL EXPENSES, UP TO \$<<high>> FOR EACH SENIOR COVERED.

AS A UNITED STATES TAXPAYER, IT IS YOUR LEGAL RIGHT TO RECEIVE ALL INFORMATION AVAILABLE TO YOU. COMPLETE AND RETURN THIS REQUEST FORM WITHIN 5 DAYS.

BENEFIT REQUESTED  
[ ] \$<<low>> [ ] \$7,500 [ ] \$10,000 [ ] \$15,000 [ ] \$<<high>>

NO COST OR OBLIGATION

X \_\_\_\_\_  
SIGNATURE

(\_\_\_\_\_) \_\_\_\_\_  
PHONE

AGE \_\_\_\_\_ SPOUSE \_\_\_\_\_

[NOT AFFILIATED WITH ANY GOVERNMENT AGENCY.] FE1.26G99V  
FE1.26G99V

**FE1.19G99V**

FUNERAL BENEFIT NOTICE  
FOR <<FIRSTNAME>> <<LASTNAME>>

<<FIRSTNAME>>, 000000000000

THE SOCIAL SECURITY ADMINISTRATION ONLY PAYS \$255 TOWARD FUNERAL EXPENSES. APPROVED PROGRAMS ARE AVAILABLE IN YOUR STATE DESIGNED TO PAY WHAT THE GOVERNMENT DOES NOT PAY FOR YOUR FUNERAL EXPENSES. IF YOU QUALIFY, THESE PLANS MAY PAY 100% OF ALL FUNERAL EXPENSES, UP TO \$15,000 FOR EACH SENIOR COVERED.

AS A UNITED STATES TAXPAYER, IT IS YOUR LEGAL RIGHT TO RECEIVE ALL INFORMATION AVAILABLE TO YOU. COMPLETE AND RETURN THIS REQUEST FORM WITHIN 5 DAYS.

BENEFIT REQUESTED  
\$2,000 [ ] \$5,000 [ ] \$10,000 [ ] \$15,000 [ ]

NO COST OR OBLIGATION

X \_\_\_\_\_  
SIGNATURE

(\_\_\_\_\_) \_\_\_\_\_  
PHONE

AGE \_\_\_\_\_ SPOUSE \_\_\_\_\_

[NOT AFFILIATED WITH ANY GOVERNMENT AGENCY.] FE1.19G99V  
FE1.19G99V

**FE1.23G99V**

SENIOR FINAL EXPENSE INFORMATION

<<FIRSTNAME>> <<LASTNAME>>:

AN APPROVED SENIOR FINAL EXPENSE PROGRAM IS NOW AVAILABLE IN YOUR COUNTY DESIGNED TO HELP PAY WHAT THE GOVERNMENT DOES NOT PAY FOR YOUR FINAL EXPENSES. AT THE PRESENT, SOCIAL SECURITY ONLY PAYS \$255. IF YOU QUALIFY THESE SENIOR PLANS MAY PAY 100 PERCENT OF ALL FUNERAL EXPENSES NOT PAID BY GOVERNMENT PROGRAMS UP TO \$20,000 FOR EACH SENIOR CITIZEN COVERED. IT IS YOUR LEGAL RIGHT AS A UNITED STATES TAXPAYER TO RECEIVE ALL THE INFORMATION AVAILABLE TO YOU. YOU MUST COMPLETE AND RETURN THIS REQUEST FORM WITHIN 5 DAYS.

BENEFIT REQUESTED  
\$2,000 [ ] \$5,000 [ ] \$10,000 [ ] \$15,000 [ ] \$20,000 [ ]

NO COST OR OBLIGATION

000000000000

X \_\_\_\_\_  
SIGNATURE

AGE \_\_\_\_\_ SPOUSE \_\_\_\_\_


(\_\_\_\_\_) \_\_\_\_\_  
AREA PHONE

Samp 9 T1 P1  
\*\*\*\*\*ECLROT \*\*C-004  
Mr John Doe  
7101 Chase Oaks Blvd  
Plano, TX 75025-5908

[NOT AFFILIATED WITH ANY GOVERNMENT AGENCY.] FE1.23G99V

**INFO.FE1G17F**

QUESTIONS TO ASK ABOUT



PRE-PLANNING:  
WHY AND HOW  
TO MAKE DIFFICULT  
*Decisions*

Remember the year my husband died; we knew he was sick but it still took our family by surprise. Nathan was 68 years old and suffering from heart disease and type-2 diabetes. We had talked so many times about our wishes when it was each of our time to go. I wanted to be cremated, but he said his family would want a Catholic service for him. Together, we decided we both would have traditional services and burials. We had a lawyer draw up our wills, purchased final expense policies to pay the funeral bills and, of course, our burial plots—all put into place the year after, Jenny, our middle child was born. That was 1966. We both had health scares through the years, so on my husband's 60th birthday we updated our wills. When Nathan passed, I was sure we had everything covered, but we didn't. We hadn't talked about the details of his service—casket, flowers, how to get the kids and their families back home for Nathan's funeral. I didn't have the money for any of this, the final expense policy only covered the first \$3,000; I became very overwhelmed and worried. I wanted my husband to be honored the way he wished, the way we talked about so many times and I couldn't make that happen. At that moment, through the tears, I decided I wouldn't let this happen to my kids when it was my time to go.

"WE HADN'T TALKED ABOUT THE DETAILS..."



Helping agents meet prospects™

1-800-992-2722

FINAL EXPENSE SAMPLES

Updated 03.2014

Our best pieces pull from 3%, up to 8+%. Call for information in your area.

FE30.1G83V

NEW <<YYYY>> BENEFIT UPDATE

For <<State>> Citizens only

This is a personal announcement to all <<State>> citizens age <<Age\_Range>>

You may now apply for a NEW state-regulated life insurance program to pay Final Expenses for just pennies a day REGARDLESS OF YOUR MEDICAL CONDITION, EVEN IF YOU'VE BEEN TURNED DOWN BEFORE.

Return this card today and you will receive the latest information on how this Special Program will pay 100% of all funeral expenses not paid by government funds, up to \$<<amount>> (TAX FREE), for each <<State>> citizen covered.

It is VERY IMPORTANT THAT YOU KNOW all the benefits available to you. To receive complete NO-COST information on this newly-approved plan DESIGNED FOR ALL <<STATE>> CITIZENS, return this postage paid card TODAY.

TO SEE IF YOU QUALIFY, MAIL THIS POSTAGE PAID CARD TODAY TO RECEIVE THIS VITAL INFORMATION.

REQUESTS WILL BE PROCESSED IN THE ORDER RECEIVED.

All <<State>> citizens may apply for this NEW program regardless of their medical condition.

[ ] YES! Please see that I receive the information on the NEW state regulated life insurance program designed for ALL <<State>> Citizens aged <<Age\_Range>>.

Form fields for name, address, phone, spouse, birthdate, and signature.

MD2.2G99F (COMBO)

IMPORTANT: PROJECTED MEDICARE CHANGES

PROPOSED CUTS TO EXISTING GOVERNMENT PROGRAMS INCLUDE A SIGNIFICANT REDUCTION IN THE FEDERAL MEDICARE PROGRAM, WHICH MAY RESULT IN AN INCREASE IN PREMIUMS AND FEES THAT YOU MUST PAY ... AND A DECREASE IN SOME BENEFITS.

THIS NEW CUTBACK IN THE FEDERAL MEDICARE PROGRAM MEANS THAT YOU WILL BECOME RESPONSIBLE FOR AN EVEN GREATER PORTION OF YOUR HEALTH CARE EXPENSES ... EXPENSES THAT WERE PREVIOUSLY PAID BY MEDICARE.

FOR MORE INFORMATION ABOUT THESE CHANGES AND HOW THEY WILL PERSONALLY AFFECT YOU AND YOUR PRESENT HEALTH CARE COVERAGE, SIMPLY COMPLETE AND RETURN THIS POSTAGE PAID CARD TODAY. THERE WILL BE NO COST OR OBLIGATION FOR THIS INFORMATION.

ALSO, DESIGNED FOR LIMITED INCOME FAMILIES OR FIXED INCOME SENIORS, A PLAN IS AVAILABLE TO HELP PAY ANY FINAL EXPENSE DEBTS THAT SOCIAL SECURITY DOES NOT PAY.

X SIGNATURE

AGE SPOUSE

( ) PHONE

Not affiliated with Medicare or any government agency.

MD2.2G99F

FE31.1G83V

IMPORTANT LETTER OF NOTIFICATION

SUBJECT: Potential 100% Payment Of Expenses Not Covered By Social Security's \$255\* Lump-Sum Death Benefit

PLEASE NOTE: This is a FREE service. You will not be charged for this information.

Dear <<FirstName>> <<LastName>>,

Social Security's Lump-Sum Death Benefit of \$255 was enacted into law in 1954. At that time, funerals cost just hundreds of dollars. So \$255 went a long way to help cover those costs.

Today, funerals cost thousands of dollars. In fact, the average funeral now costs \$7,700.00.\*\* Yet, Social Security's Lump-Sum Death Benefit remains at \$255.

This letter is to notify you that you may qualify for help.

You may now apply for a NEW state-regulated life insurance program to pay Final Expenses for just pennies a day REGARDLESS OF YOUR MEDICAL CONDITION, EVEN IF YOU'VE BEEN TURNED DOWN BEFORE.

Return this card today and you will receive the latest information on how this Special Program will pay 100% of all funeral expenses not paid by government funds, up to \$<<amount>> (TAX FREE), for each <<State>> citizen covered.

GIVEN ANTICIPATED DEMAND FOR THIS FREE SERVICE, YOU ARE URGED TO RESPOND WITHIN 10 DAYS OF RECEIPT OF THIS LETTER FOR FASTEST PROCESSING.

\*Social Security Administration, January 2000, publication No. 05-10024 \*\*National Funeral Directors Association, 2010

RETURN THIS FORM TO SEE IF YOU QUALIFY

[ ] YES! Please see that I receive the information on the NEW state regulated life insurance program designed for ALL <<State>> Citizens aged <<Age\_Range>>.

NO OBLIGATION

Form fields for signature, date of birth, phone, spouse's name, and spouse's date of birth.

*Our best pieces pull from 3%, up to 8+%. Call for information in your area.*

**MD2G99F**

**IMPORTANT:  
PROJECTED MEDICARE CHANGES**

PROPOSED CUTS TO EXISTING GOVERNMENT PROGRAMS INCLUDE A SIGNIFICANT REDUCTION IN THE FEDERAL MEDICARE PROGRAM, RESULTING IN AN INCREASE IN PREMIUMS AND FEES THAT YOU MUST PAY... AND A DECREASE IN SOME BENEFITS.

THIS NEW CUTBACK IN THE FEDERAL MEDICARE PROGRAM MEANS THAT YOU WILL BECOME RESPONSIBLE FOR AN EVEN GREATER PORTION OF YOUR HEALTH CARE EXPENSES... EXPENSES THAT WERE PREVIOUSLY PAID BY MEDICARE.

FOR MORE INFORMATION ABOUT THESE CHANGES AND HOW THEY WILL PERSONALLY AFFECT YOU AND YOUR PRESENT HEALTH CARE COVERAGE, SIMPLY COMPLETE AND RETURN THIS POSTAGE PAID CARD TODAY. THERE WILL BE NO COST OR OBLIGATION FOR THIS INFORMATION.

000000000000

X \_\_\_\_\_  
SIGNATURE

AGE \_\_\_\_\_ SPOUSE \_\_\_\_\_ ← **Age Requested**

(\_\_\_\_) \_\_\_\_\_  
AREA PHONE

NOT AFFILIATED WITH MEDICARE/ANY GOVERNMENT AGENCY MD2G99F

**MD2.15G99F**

**IMPORTANT:  
PROJECTED MEDICARE CHANGES**

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PROPOSED CUTS TO EXISTING GOVERNMENT PROGRAMS INCLUDE A SIGNIFICANT REDUCTION IN THE FEDERAL MEDICARE PROGRAM, RESULTING IN AN INCREASE IN PREMIUMS AND FEES THAT YOU MUST PAY...AND A DECREASE IN SOME BENEFITS.

THIS NEW CUTBACK IN THE FEDERAL MEDICARE PROGRAM MEANS THAT YOU WILL BECOME RESPONSIBLE FOR AN EVEN GREATER PORTION OF YOUR HEALTH CARE EXPENSES...EXPENSES THAT WERE PREVIOUSLY PAID BY MEDICARE.

FOR MORE INFORMATION ABOUT THESE CHANGES AND HOW THEY WILL PERSONALLY AFFECT YOU AND YOUR PRESENT HEALTH CARE COVERAGE, SIMPLY COMPLETE AND RETURN THIS POSTAGE PAID CARD TODAY. THERE WILL BE NO COST OR OBLIGATION FOR THIS INFORMATION.

X \_\_\_\_\_  
SIGNATURE

DATE OF BIRTH \_\_\_\_\_ ← **Date of Birth**

SPOUSE'S DATE OF BIRTH \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_  
AREA PHONE

NOT AFFILIATED WITH MEDICARE/ANY GOVERNMENT AGENCY MD2.15G99F

**MD33.4G99V**

**ATTENTION: MEDICARE RECIPIENTS  
IN <<COUNTY>>, <<STATE>>**

000000000001

**MAKE SURE YOU ARE CLAIMING ALL YOUR BENEFITS.**

This notice is to make all Medicare beneficiaries, residing in your state, aware that there are approved plans available in your county that offer **additional benefits**.

If you are not currently claiming all of the benefits that you are entitled to receive and would like to find out how you can start, you need to send this **postage-paid card back today**. The information is at no cost and there is no obligation.

~ Please **DO NOT HESITATE**, the time to claim these additional benefits is limited. ~

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_  
Telephone (to ensure delivery) \_\_\_\_\_

You may be contacted by a state licensed representative.  
[ Not affiliated with any government agency

MD33.4G99V  
MD33.4G99V]



1-800-992-2722

**MEDICARE SAMPLES**  
Updated 03.2014

*Our best pieces pull from 3%, up to 8+%. Call for information in your area.*

**MD44G99V**

**ATTENTION: MEDICARE RECIPIENTS**  
IN <<NAME\_COUNTY>>, <<STATE>>  
032002000001

**ADDITIONAL BENEFITS ARE NOW AVAILABLE IN YOUR AREA.**

This notice is to make all Medicare beneficiaries, residing in your state, aware that there are approved plans available in your county that offer **additional benefits**.

If you are not currently claiming all of the benefits that you are entitled to receive and would like to find out how you can start, you need to send this **postage-paid card back today**. The information is at no cost and there is no obligation.

~ Please **DO NOT HESITATE**, the time to claim these additional benefits is limited. ~

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
( ) \_\_\_\_\_  
Telephone (to ensure delivery) \_\_\_\_\_

[ Not affiliated with any government agency MD44G99V]

**HP5.3G80V**

**<<STATE>> APPROVED PROGRAM**  
**DENTAL, VISION, HEARING**

<<State>> has approved a program which will provide Dental, Vision and Hearing benefits.

This program includes Dentures, Eyeglasses and Hearing Aids. You can also use your own dentist.

Your acceptance for this insurance protection is guaranteed. For free information about this <<State>> approved program, please return the attached postage paid card today.

**MD44G11V**

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**ATTENTION: Medicare Recipients**  
In <<Name\_County>> <<ST>>

**Additional Benefits are Now Available in Your Area.**

For Medicare Recipients in <<Name\_County>> <<ST>>

<<FirstName>> <<LastName>>  
<<Address>>  
<<City>>, <<State>> <<Zip>>

**Ask about our dual language version**

Dear <<FirstName>>,

This notice is to make all Medicare beneficiaries, residing in your state, aware that there are approved plans available in your county that offer **additional benefits**.

If you are not currently claiming all of the benefits that you are entitled to receive and would like to find out how you can start, you need to complete and return this entire form using the enclosed **postage-paid envelope today**. The information is at **no cost and there is no obligation**.

~ Please **DO NOT HESITATE**, the time to claim these additional benefits is limited. ~

Please see that I receive this important information

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Spouse Name \_\_\_\_\_  
Spouse's Date of Birth \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_

000000 000000  
<<FirstName>> <<LastName>>  
<<Address>>  
<<City>> <<ST>> <<Zip>>  
<<Name\_County>>

MD44G11V  
Not affiliated with any government agency. <<SO\_Disclaimer>>

**MA36G11V**

<<SO>>

**ATTENTION: Medicare Recipients**  
In <<Name\_County>> <<ST>>

**Make Sure You Are Claiming All Your Benefits**

For Medicare Recipients in <<Name\_County>> <<ST>>

<<FirstName>> <<LastName>>  
<<Address>>  
<<City>>, <<State>> <<Zip>>

This notice is to make all Medicare beneficiaries residing in <<Name\_County>> aware there are Medicare approved plans available in your county that offer **ADDITIONAL BENEFITS** such as:

- Dental
- Vision
- Hearing
- Gym Memberships
- NO or Low Co-Pays for Doctor Visits
- Comprehensive Formularies for prescription drugs

If you are not currently claiming all of these benefits that you are entitled to receive, and would like to find out how you can start, simply complete the information below and return this entire form using the enclosed **postage-paid envelope**.

**Information is FREE and there is NO OBLIGATION.**

Please see that I receive this important information.

Signature \_\_\_\_\_  
Are you Medicare Eligible? Yes No  
Spouse's Signature \_\_\_\_\_  
Is your Spouse Medicare Eligible? Yes No  
Telephone ( ) \_\_\_\_\_

000000 000000  
<<FirstName>> <<LastName>>  
<<Address>>  
<<City>> <<ST>> <<Zip>>  
<<Name\_County>>

By providing contact information you are agreeing to be contacted by a licensed agent to discuss Medicare Advantage, Prescription Drug Plans and Medicare Supplement Insurance Plans. This is an advertisement. Medicare has neither reviewed nor endorsed this information. MA36G11V\_EV1.2bG10F <<SO\_Disclaimer>>

*Our best pieces pull from 3%, up to 8+%. Call for information in your area.*

**MD41.2G11V**

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**ATTENTION: Medicare Recipients**  
In <<Name\_County>> <<ST>>

**Make Sure You Are Claiming All Your Benefits**  
(En español al reverso.)

For Medicare Recipients in <<Name\_County>> <<ST>>

<<FirstName>> <<LastName>>  
<<Address>>  
<<City>>, <<State>> <<Zip>>

This notice is to make all Medicare beneficiaries residing in <<Name\_County>> aware there are approved plans available in your county that offer **ADDITIONAL BENEFITS** such as:

- Dental
- Vision
- Hearing
- **NO or Low Co-Pays for Doctor Visits**

If you are not currently claiming all of these benefits that you are entitled to receive and would like to find out how you can start, simply complete and return this entire form using the enclosed postage-paid envelope. The information is at no cost and there is **NO OBLIGATION**.

~Please **DO NOT HESITATE** to claim these additional benefits.~

Please see that I receive this important information  
Por favor vea que recibe esta información importante

Signature \_\_\_\_\_ 000000 000000  
Firma \_\_\_\_\_

Spouse Name \_\_\_\_\_ <<FirstName>> <<LastName>>  
Nombre del Cónyuge \_\_\_\_\_ <<Address>>  
<<City>> <<ST>> <<Zip>>  
<<County\_Name>>

Your Age \_\_\_\_\_ Spouse's Age \_\_\_\_\_  
Su Edad \_\_\_\_\_ Edad de su cónyuge \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ MD41.2G11V  
Teléfono \_\_\_\_\_

Not affiliated with Medicare or any government agency.  
<<Agent Info Disclaimer>>

**MD41G11V**

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**ATTENTION: Medicare Recipients**  
In <<Name\_County>> <<ST>>

**Make Sure You Are Claiming All Your Benefits**

For Medicare Recipients in <<Name\_County>> <<ST>>

<<FirstName>> <<LastName>>  
<<Address>>  
<<City>>, <<State>> <<Zip>>

This notice is to make all Medicare beneficiaries residing in <<Name\_County>> aware there are approved plans available in your county that offer **ADDITIONAL BENEFITS** such as:

- Dental
- Vision
- Hearing
- **NO or Low Co-Pays for Doctor Visits**

If you are not currently claiming all of these benefits that you are entitled to receive and would like to find out how you can start, simply complete and return this entire form using the enclosed postage-paid envelope. The information is at no cost and there is **NO OBLIGATION**.

~Please **DO NOT HESITATE** to claim these additional benefits.~

Please see that I receive this important information

Signature \_\_\_\_\_ 000000 000000  
\_\_\_\_\_

Spouse Name \_\_\_\_\_ <<FirstName>> <<LastName>>  
\_\_\_\_\_ <<Address>>  
\_\_\_\_\_ <<City>> <<ST>> <<Zip>>  
\_\_\_\_\_ <<Name\_County>>

Your Age \_\_\_\_\_ Spouse's Age \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ MD41G11V

A sales agent may contact you. Not affiliated with Medicare or any government agency.  
<<SO\_Disclaimer>>

**MD51G80V**

**Important Medicare Information**

Are you in need of an affordable Medicare Supplement policy?  
We can provide a list of companies in your area with the most affordable rates. Please fill out the attached survey and return the reply card within 10 days.

All respondents will receive a comparison that outlines the companies, plans, and costs in your area. This may help you or a friend. In addition, we will also provide you with information on the new Medicare prescription plans now available to help pay for your drug costs.

Not affiliated with Medicare or any government agency.

**REQUEST FOR INFORMATION**

Please see that I receive the information available to me, in my state, about Medicare Supplement Plans and Prescription Drug benefits.

Signature \_\_\_\_\_ Month Turning 65: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MD51G80V

<<BARCODE SO + RECORD>>  
000000 000000 <<Reverse>> <<KeyCode>>  
<<First>> <<Last>>  
<<Address>>  
<<City>> <<ST>> <<Zip>>  
<<Name\_County>>

<<SO Disclaimer>>

**NEW > DUAL LANGUAGE: LEAD**  
English on Front, Spanish Translation on Reverse

**Asegúrese de que usted está reclamando todos sus beneficios**

Este aviso es para que todos los beneficiarios de Medicare que residen en su condado sepan de los planes disponibles que ofrecen **BENEFICIOS ADICIONALES**, tales como:

- Odontología
- Visión
- Auditiva
- **NO o Bajos co-pagos para visitas al médico**

Si usted no está reclamando la totalidad de estos beneficios que tiene derecho de recibir y le gustaría saber cómo puede comenzar, simplemente complete y envíe esta toda la carta utilizando el sobre con franqueo pagado adjunto. La información no tiene ningún costo y no hay **NINGUNA OBLIGACIÓN**.

~ Por favor **NO DUDE** en reclamar estos beneficios adicionales. ~

No estamos afiliados con Medicare o cualquier otra agencia gubernamental.



1-800-992-2722

**MEDICARE SAMPLES**

Updated 03.2014

*Our best pieces pull from 3%, up to 8+%. Call for information in your area.*

MT2.2G11S

\*optional<<Client's Company Name>>  
 <<Client's Address>>  
 <<Client's City>><<ST>><<Zip>>



*Congratulations  
on turning 65*

MT2G99F

**65 IS THE MOST IMPORTANT BIRTHDAY OF YOUR LIFE!**

032002000001

**Medicare is not forgiving.**  
 If you do not act during your initial enrollment period, you may not qualify or you could find yourself without coverage for a significant period of time.

**Medicare Benefits:**  
 \* Guaranteed Acceptance \* You Choose the Hospitals & Doctors  
 \* Low Premium Options \* See Specialists Without Referrals

**~ Act Now: Limited Time to Exercise Your Options!! ~**  
 For more FREE information, simply complete and return the postage-paid card within 5 days.

Name \_\_\_\_\_ 032002 000001  
 Date of Birth \_\_\_\_\_ \*\*\*\*\*ECRLOT \*\*C-004  
 Spouse's Date of Birth \_\_\_\_\_ Jane Doe  
 ( ) - \_\_\_\_\_ 7101 Chase Oaks Blvd  
 Telephone (to ensure delivery) \_\_\_\_\_ Plano, TX 75025-5908  
 [ Not affiliated with any government agency MT2G99F MT2G99F]

*This is possibly  
The Most Important Birthday  
of your life!!*

**Medicare is not forgiving.**

*If you do not act during your initial enrollment period, you may not qualify or you could find yourself without coverage for a significant period of time.*

**Medicare Benefits:**  
 Guaranteed Acceptance  
 You Choose the Hospitals & Doctors  
 See Specialists Without Referrals  
 Low Premium Options

**Act Now:**  
 Limited Time to Exercise Options!!

*For more FREE information, simply return the attached postage-paid card within 5 days.*

Not affiliated with Medicare or any government agency.

*Our best pieces pull from 3%, up to 8+%. Call for information in your area.*

### MD2.2G99F

**IMPORTANT:  
PROJECTED MEDICARE CHANGES**

PROPOSED CUTS TO EXISTING GOVERNMENT PROGRAMS INCLUDE A SIGNIFICANT REDUCTION IN THE FEDERAL MEDICARE PROGRAM, WHICH MAY RESULT IN AN INCREASE IN PREMIUMS AND FEES THAT YOU MUST PAY ... AND A DECREASE IN SOME BENEFITS.

THIS NEW CUTBACK IN THE FEDERAL MEDICARE PROGRAM MEANS THAT YOU WILL BECOME RESPONSIBLE FOR AN EVEN GREATER PORTION OF YOUR HEALTH CARE EXPENSES ... EXPENSES THAT WERE PREVIOUSLY PAID BY MEDICARE.

FOR MORE INFORMATION ABOUT THESE CHANGES AND HOW THEY WILL PERSONALLY AFFECT YOU AND YOUR PRESENT HEALTH CARE COVERAGE, SIMPLY COMPLETE AND RETURN THIS POSTAGE PAID CARD TODAY. THERE WILL BE NO COST OR OBLIGATION FOR THIS INFORMATION.

ALSO, DESIGNED FOR LIMITED INCOME FAMILIES OR FIXED INCOME SENIORS, A PLAN IS AVAILABLE TO HELP PAY ANY FINAL EXPENSE DEBTS THAT SOCIAL SECURITY DOES NOT PAY.

X \_\_\_\_\_  
SIGNATURE

AGE \_\_\_\_ SPOUSE \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_  
AREA PHONE

Not affiliated with Medicare or any government agency. MD2.2G99F

### MD35.1G99F

**PROPOSED MEDICARE FUNDING  
SLATED FOR JAN 1, 2014**

The Healthcare Reform Affordability Act of 2010 increases Medicare benefits, but at what cost? With increased benefits and growing participation, the Medicare funding gap continues to widen. On January 1, 2014, the Medicare Sustainable Growth Rate (SGR) formula calls for payment cuts of 27.4% for physician services in order to begin closing the massive funding gap.

Seniors need to understand how these changes may affect their health care, extended care needs, and retirement planning and what they can do to protect themselves.

AREAS OF CONCERN (check all that apply):

Managing high costs of health care     Extended care needs  
 End-of-life expenses     Retirement Income Preservation


**FOR FREE INFORMATION,**  
simply complete and return this  
postage-paid card today.

NAME \_\_\_\_\_

AGE \_\_\_\_ SPOUSE'S AGE \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_  
PHONE \_\_\_\_\_

[NOT AFFILIATED WITH ANY GOVERNMENT AGENCY.] MD35.1G99F  
MD35.1G99F

### MD27.9G11V

  
<<SO>>

**ATTENTION: Medicare Recipients  
In <<Name\_County>> <<ST>>**

**Make Sure You Are Claiming All Your Benefits**

For Medicare Recipients in <<Name\_County>> <<ST>>

<<FirstName>> <<LastName>>  
<<Address>>  
<<City>>, <<State>> <<Zip>>

This notice is to make all Medicare beneficiaries residing in <<Name\_County>> aware there are Medicare approved plans available in your county that offer **ADDITIONAL BENEFITS** such as:


- **Dental**
- **Vision**
- **Hearing**
- **NO or Low Co-Pays for Doctor Visits**
- **Medicare Supplement & Final Expense Plans**

If you are not currently claiming all of these benefits that you are entitled to receive and would like to find out how you can start, simply complete and return this entire form using the enclosed **postage-paid envelope TODAY.**

The information is at no cost and there is **NO OBLIGATION.**

~Please **DO NOT HESITATE**, the time to claim these additional benefits is limited~

Please see that I receive this important information

Signature \_\_\_\_\_  000000 000000  
Spouse Name \_\_\_\_\_ <<FirstName>> <<LastName>>  
Your Age \_\_\_\_\_ Spouse's Age \_\_\_\_\_ <<Address>>  
Telephone (\_\_\_\_) \_\_\_\_\_ <<City>>, <<ST>> <<Zip>>  
MD27.9G11V

Not affiliated with Medicare or any government agency.

### MD27.8G11V

**ATTENTION: Medicare Recipients  
In <<County>> County <<ST>>**

**Make Sure You Are Claiming All Your Benefits**

**Complete and return this entire form in the enclosed postage-paid envelope.**

For Medicare Recipients in <<County>> County <<ST>>

<<FirstName>> <<LastName>>  
<<Address>>  
<<City>>, <<State>> <<Zip>>

This notice is to make all Medicare beneficiaries residing in <<County>> County aware there are approved plans available that offer **ADDITIONAL BENEFITS** such as: (please check all areas of interest)


Managing High Costs of Health Care     Dental  
 Extended Care Needs     Vision  
 No or Low Co-Pays for Doctor Visits     Hearing  
 Retirement Income Preservation     End-of-Life Expenses

If you are not currently claiming all of these benefits that you are entitled to receive and would like to find out how you can start, simply complete and return the entire form using the enclosed **postage-paid envelope TODAY.**

The information is at no cost and there is **NO OBLIGATION.**

~Please **DO NOT HESITATE**, the time to claim these additional benefits is limited~

Please see that I receive this important information

Signature \_\_\_\_\_  000000 000000  
Spouse Name \_\_\_\_\_ <<FirstName>> <<LastName>>  
Your Age \_\_\_\_\_ Spouse's Age \_\_\_\_\_ <<Address>>  
Telephone (\_\_\_\_) \_\_\_\_\_ <<City>>, <<ST>> <<Zip>>  
County: <<County>>

MD27.8G11V

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Helping agents meet prospects.

# ORDER FORM

FAX 1-972-420-1900 or CALL 1-800-992-2722

\*Prices as of 12-17-2013 and subject to change without notice. We strive to give our customers impeccable service and quality lead programs; however, we do not guarantee any percentage of response nor can we guarantee income as it is a modeled income.

**CONTACT INFORMATION**

Information on file       New/Updated Information

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Upline(s): \_\_\_\_\_

Primary Tele:  Office    Mobile \_\_\_\_\_      Birthday: month \_\_\_\_\_ day \_\_\_\_\_

Secondary Tele:  Office    Mobile \_\_\_\_\_      Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_      Web Site: \_\_\_\_\_

Mailing Address  Business    Residential

Street: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

**INTERNAL USE ONLY**

Date Rec'd: \_\_\_\_\_ ARM Rep: \_\_\_\_\_

Referral Person: \_\_\_\_\_

**DELIVERY**

**MyLeads is our secure digital leads delivery service.** Once your MyLeads account has been activated, we will contact you with a user name and temporary password. **Be sure to check your email spam and promotions folders.**

Email 1: \_\_\_\_\_      Name 1: \_\_\_\_\_

Email 2: \_\_\_\_\_      Name 2: \_\_\_\_\_

**PROGRAM + DEMOGRAPHICS INFORMATION**

Quantity to mail: \_\_\_\_\_ (Min: 1,000)       Enroll me in continuous mailings. Drop every \_\_\_\_\_ (Frequency)

Piece Number: \_\_\_\_\_

**Demographics**      Age: \_\_\_\_\_      Income: \_\_\_\_\_       Female First

Net Worth: \_\_\_\_\_ (add \$18 per thousand)       Single Family Dwelling       SCAT

Homeowner (add \$5 per thousand)       DOB by Month: \_\_\_\_\_ (add \$10 per thousand)

Other: \_\_\_\_\_       Other: \_\_\_\_\_

Mailing list via email (add \$25 delivery fee). \*\*Ordering a list after the sales order has processed will be charged at \$75.\*\*

Mailing list + telephone numbers where available, via email. (add \$25 per thousand plus \$25 delivery fee)

Here are my **Organization ID:** \_\_\_\_\_ and **SAN:** \_\_\_\_\_

**Notice:** To order telephone numbers, both an Organization ID and Subscription Account Number (**SAN**) are required due to Federal "Do Not Call" Legislation. **Please visit <https://telemarketing.donotcall.gov> to apply for a SAN.**

**MAILING AREA**

State: \_\_\_\_\_      List Type (select one):       Zip Code       County

In **ORDER OF PRIORITY**, list Zip Codes or Counties. Zip Code quantity will be exhausted before selecting next on list.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

7) \_\_\_\_\_ 8) \_\_\_\_\_ 9) \_\_\_\_\_ 10) \_\_\_\_\_ 11) \_\_\_\_\_ 12) \_\_\_\_\_

I understand a disclaimer will be added to meet local requirements: AR, CA, KS, TX, WI.

Insurance License Number: \_\_\_\_\_      Issuing State: \_\_\_\_\_



**IMPORTANT: Medicare Advantage Special Needs Plans  
Available in <County> County**

If you are covered by Medicare and have a chronic condition such as **high blood pressure, heart disease, arthritis, asthma, COPD, diabetes, Alzheimer's** or others -- you may be eligible for a **Medicare Advantage Special Needs Plan**. You could *save hundreds or thousands of dollars on your healthcare every year with no additional premium; save money on your prescriptions with a special formulary; access specialty health care providers and facilities; and improve the quality of your life with one of these special plans.* **Return this card today for no-cost, no-obligation information on these money-saving Plans.**

PLEASE INCLUDE PHONE NUMBER AND CORRECT ADDRESS

Signature: \_\_\_\_\_

Age: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Spouse's Age: \_\_\_\_\_

**Not affiliated with or endorsed by Medicare or any government agency. A licensed insurance agent may contact you.** 00SN01

DETACH ALONG PERFORATION

REMOVE BOTH SIDE STUBS FIRST  
FOLD CREASE AND REMOVE THE STUB AT PERFORATION

REMOVE BOTH SIDE STUBS FIRST  
THEN SLIDE FINGER UNDER THIS EDGE TO OPEN

# BUSINESS REPLY MAIL

FIRST-CLASS MAIL

PERMIT NO 811

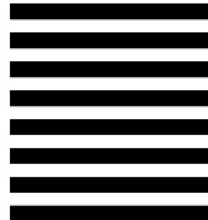
SHERIDAN IN

POSTAGE WILL BE PAID BY ADDRESSEE

MSS  
PO BOX 4  
SHERIDAN IN 46069-9902



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IN THE  
UNITED STATES



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FOLD CREASE AND REMOVE THE STUB AT PERFORATION

MSS  
P.O. Box 4  
Sheridan, IN 46069



Medicare Advertisement about Plans with \$0 Premium  
And Extra Benefits You May Be Entitled To

**REQUEST FOR INFORMATION**

**YES! Please contact me to see that I receive all the Medicare benefits for which I am entitled.**

Do you now have **Medicaid?**  Yes  No      Do you now have **Medicare?**  Yes  No

**Best Day To Meet:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **AM / PM**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

*Area code and phone insure proper routing.*

*Please verify address - Complete and mail today*

SN47

**IMPORTANT: <<YEAR>> Medicare Health Coverage Update**

You may not be getting all the Medicare benefits for which you are eligible. There are new plans for <<YEAR>> which you should be aware of. If you have a chronic condition such as COPD, diabetes, congestive heart problems, stroke, and others -- you may be entitled to a **\$0 premium Medicare Special Needs Plan with extra benefits to improve the quality of your life.**



**You may be missing out on what you are entitled by law to receive.**

Complete and return the attached postage-paid card to find out if you currently receive all the benefits you are entitled to and how new Medicare changes may affect you.

**There is no cost or obligation whatsoever.**

*Not affiliated with or endorsed by Medicare or any government agency. This <<YEAR>> Medicare Update was sent to you by licensed << agent/agency >> << name >>.*



## MEDICARE SUPPLEMENT UPDATE

As of January 1st, Medicare Supplement Insurers have increased their rates up to 30% on Medicare supplement coverage.

Based on this, there is now available a plan to supplement your Medicare coverage at lower rates for << State >> residents over 65 years of age, policies A - N are available.  
Send in the card to see if you qualify for premium savings from \$200-\$500 per year.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Age: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_

**Not affiliated with any government agency.**

## IMPORTANT MEDICARE OPTIONS AVAILABLE IN <<COUNTY>> COUNTY

<<County>> County residents with **both Medicare and Medicaid** now have the option to receive enhanced healthcare benefits at **no additional cost**. Medicare Advantage Special Needs Plan can **include transportation, personal care extras, in-home care management, dental, vision, hearing, foot care, and other features you may want.** Return this card today for no-cost, no-obligation information on these money-saving Plans.

Do you now have **Medicaid**?  **Yes**  **No**

PLEASE INCLUDE PHONE NUMBER AND CORRECT ADDRESS

Do you now have **Medicare**?  **Yes**  **No**

**Best Time To Call:** \_\_\_\_\_ **AM / PM**

\_\_\_\_\_  
Signature

( \_\_\_\_\_ )  
\_\_\_\_\_  
Phone

*Not affiliated with or endorsed by Medicare or any government agency.  
A licensed insurance agent may contact you. This advertisement was sent by << Agent OR Agency Name >>*

SN24

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REMOVE BOTH SIDE STUBS FIRST  
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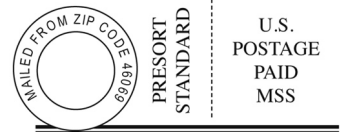


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FOLD CREASE AND REMOVE THE STUB AT PERFORATION



MSS  
P.O. Box 4  
Sheridan, IN 46069



Medicare Advertisement about Plans  
with \$0 Premium and Extra Benefits

**REQUEST FOR INFORMATION**

**YES! Please contact me to see that I receive all the Medicare benefits for which I am entitled.**

Do you now have **Medicaid**?  Yes  No      Do you now have **Medicare**?  Yes  No

**Best Day To Meet:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **AM / PM**

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

*Area code and phone insure proper routing.*

*Please verify address - Complete and mail today*

SN48

**IMPORTANT: \$0 PREMIUM MEDICARE PLANS WITH EXTRA BENEFITS  
AVAILABLE IN << COUNTY NAME >> COUNTY**

<< County Name >> County residents with both **Medicare and Medicaid** now have the option to receive enhanced healthcare benefits at \$0 premium. Medicare Advantage Special Needs Plans can **include transportation, personal care extras, in-home care management, dental, vision, hearing, foot care, and other features you may want that will improve the quality of your life**. Return this card today for no-cost, no-obligation information on these money-saving Plans.

**You may be missing out on what you are entitled by law to receive.**

Complete and return the attached postage-paid card to find out if you currently receive all the benefits you are entitled to and how new Medicare changes may affect you.

*Not affiliated with or endorsed by Medicare or any government agency. This <<YEAR>> Medicare Update was sent to you by licensed << agent / agency >> << name >>.*

DETACH ALONG PERFORATION

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REMOVE BOTH SIDE STUBS FIRST  
THEN SLIDE FINGER UNDER THIS EDGE TO OPEN

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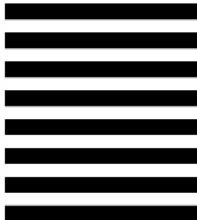
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SHERIDAN IN 46069-9902



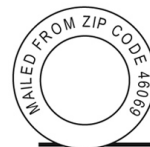
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P.O. BOX 4  
SHERIDAN, IN 46069



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STANDARD

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MSS

## REQUEST FOR INFORMATION

Please see that I receive all the Medicare benefits for which I am entitled.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouse Age: \_\_\_\_\_

MS5B

*Please verify address - Complete and mail today*

### **Message: <<YEAR>> Medicare Health Plans Update**

You may not be getting all the Medicare benefits for which you are entitled. There are new plans for <<YEAR>> that you should be aware of.

#### **You may be missing out on what you are entitled to receive.**

Complete and return the attached postage-paid card to find out if you currently receive all the benefits you are entitled to.

There is no obligation and all the information is FREE!

*Not affiliated with or endorsed by Medicare or any government agency.  
Licensed TX agent << Agent or agency name or license number >> may contact you.*

DETACH ALONG PERFORATION

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FOLD CREASE AND REMOVE THE STUB AT PERFORATION

REMOVE BOTH SIDE STUBS FIRST  
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SHERIDAN, IN 46069



**REQUEST FOR INFORMATION**

Please see that I receive all the Medicare benefits for which I am entitled.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Age: \_\_\_\_\_

MS5D

*Please verify address - Complete and mail today*

**MEDICARE SUPPLEMENT UPDATE**

As of January 1st, Medicare Supplement insurers have increased their rates up to 25% on Medicare Supplement coverage.

Based on this, there is now available a plan to supplement your Medicare coverage at lower rates for residents over 65 years of age.

Send in the attached postage-paid card to see if you qualify for premium **SAVINGS FROM \$200-\$500 PER YEAR.**

*Not affiliated with or endorsed by any government agency.  
Arkansas insurance producer << license # >> may contact you.*



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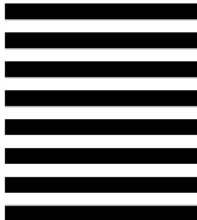
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**PRST STD**  
US Postage Paid  
Sheridan, IN  
Permit No. 811

## REQUEST FOR INFORMATION

Please see that I receive all the Medicare benefits for which I am entitled.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Age: \_\_\_\_\_

MS6B

*Please verify address - Complete and mail today*

## MEDICARE SUPPLEMENT UPDATE

As of January 1st, Medicare Supplement insurers have increased their rates up to 30% on Medicare Supplement coverage.

Based on this, there is now available a plan to supplement your Medicare coverage at lower rates for residents over 65 years of age.

Send in the attached postage-paid card to see if you qualify for premium savings from \$200-\$500 per year.

*Not affiliated with any government agency.*

*Licensed TX agent << Agent or agency name or license number >> may contact you.*

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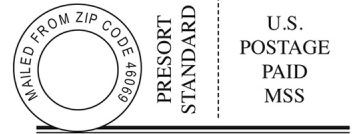
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MSS  
P.O. BOX 4  
SHERIDAN, IN 46069



**REQUEST FOR INFORMATION**

Please see that I receive all the Medicare benefits for which I am entitled.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Phone: (       ) \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouse Age: \_\_\_\_\_

MS6D

*Please verify address - Complete and mail today*

**Message: 2012 Medicare Health Plans Update**

You may not be getting all the Medicare benefits for which you are entitled. ***Medicare is undergoing major changes for 2012 that you should be aware of.*** These include elimination of some plans, several new plans, benefit changes and also changes in Medicare Advantage.

**You may be missing out on what you are entitled to receive.**

Complete and return the attached postage-paid card to find out if you currently receive all the benefits you are entitled to and how the new Medicare changes may affect you.

There is no cost or obligation whatsoever.

*Not affiliated with or endorsed by any government agency.  
Arkansas insurance producer << license # >> may contact you.*

DETACH ALONG PERFORATION

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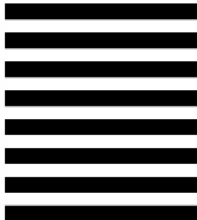
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UNITED STATES

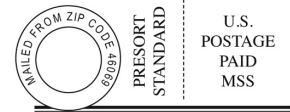


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MSS  
P.O. BOX 4  
SHERIDAN, IN 46069



**REQUEST FOR INFORMATION**

Please see that I receive all the Medicare benefits for which I am entitled.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Phone: (        ) \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouse Age: \_\_\_\_\_

MS7B

*Please verify address - Complete and mail today*

**Message: <<YEAR>> Medicare Health Plans Update**

You may not be getting all the Medicare benefits for which you are entitled. ***Medicare is undergoing major changes for <<YEAR>> that you should be aware of.*** These include elimination of some plans, several new plans, benefit changes and also changes in Medicare Advantage.

**You may be missing out on what you are entitled to receive.**

Complete and return the attached postage-paid card to find out if you currently receive all the benefits you are entitled to and how the new Medicare changes may affect you.

There is no cost or obligation whatsoever.

*Not affiliated with or endorsed by Medicare or any government agency.  
Licensed TX agent << Agent or agency name or license number >> may contact you.*

DETACH ALONG PERFORATION

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# BUSINESS REPLY MAIL

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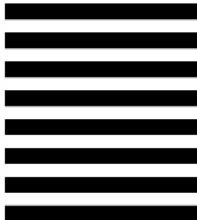
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SHERIDAN IN 46069-9902



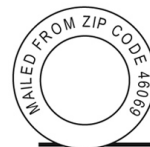
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SHERIDAN, IN 46069



RESORT  
STANDARD

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PAID  
MSS

## REQUEST FOR INFORMATION

Please see that I receive all the Medicare benefits for which I am entitled.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Spouse Age: \_\_\_\_\_

MS30

*Please verify address - Complete and mail today*

### **Message: 2013 Medicare Health Plans Update**

You may not be getting all the Medicare benefits for which you are entitled. There are new plans for 2013 that you should be aware of.

#### **You may be missing out on what you are entitled to receive.**

Complete and return the attached postage-paid card to find out if you currently receive all the benefits you are entitled to.

There is no obligation and all the information is FREE!

*Not affiliated with or endorsed by Medicare or any government agency.  
A licensed insurance agent may contact you.*

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FIRST-CLASS MAIL

PERMIT NO 811

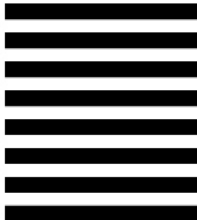
SHERIDAN IN

POSTAGE WILL BE PAID BY ADDRESSEE

MSS  
PO BOX 4  
SHERIDAN IN 46069-9902



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



DETACH ALONG PERFORATION

REMOVE BOTH SIDE STUBS FIRST  
FOLD CREASE AND REMOVE THE STUB AT PERFORATION

MSS  
P.O. BOX 4  
SHERIDAN, IN 46069



**REQUEST FOR INFORMATION**

Please see that I receive all the Medicare benefits for which I am entitled.

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Age: \_\_\_\_\_

MS36

*Please verify address - Complete and mail today*

**MEDICARE SUPPLEMENT UPDATE**

As of January 1st, Medicare Supplement insurers have increased their rates up to 14% on Medicare Supplement coverage.

Based on this, there is now available a plan to supplement your Medicare coverage at lower rates for residents over 65 years of age.

Send in the attached postage-paid card to see if you qualify for premium **SAVINGS FROM \$200-\$500 PER YEAR.**

*Not affiliated with any government agency. A licensed agent may contact you.*



# Main Street PowerMail Lead Order Form

Agent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

To:	Jennifer Bledsoe (jennifer@mspowermail.com)	Fax:	317-758-5514
Our Info:	Main Street Power Mail, Inc. 317-903-0727	Mailing Address	P.O. Box 44, 400 S. Main St. Sheridan, IN 46069

**ALL INFORMATION BELOW IS REQUIRED FOR PROPER ORDERING. PLEASE CONTACT YOUR CSR WITH ANY QUESTIONS!**

Geography: State \_\_\_\_\_  by county  by zip code Please list areas below.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Demographics:

- Age Range (MINIMUM AND MAX) \_\_\_\_\_
- T65 (state month(s)) \_\_\_\_\_
- Incomes Requested (MINIMUM AND MAX) \_\_\_\_\_
- With PO Boxes  Without PO Boxes

Amount of Leads Ordering (1000 minimum required): \_\_\_\_\_

Lead Type  Final Expense  Med Sup  Med Adv  T65  SNP  Annuity

Lead ID Requested: \_\_\_\_\_

Comments/Requests: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

## Payment Information:

Credit Card Number: \_\_\_\_\_ Security Code: \_\_\_\_\_ Exp Date: \_\_\_\_\_

With this signature I authorize Main Street Power Mail, Inc. to charge my

- MasterCard  Visa  American Express  Discover credit card in the amount of \$ \_\_\_\_\_.

Signature: \_\_\_\_\_

**\*\*MSPM does not guarantee response rates for their lead program, nor do we assume responsibility for state compliance regulations on products being mailed within our agent's state of business. It is the agent's responsibility to provide samples of the cards to be mailed to their Insurance Company's compliance dept for approval.\*\***