

Extra Help / Dual Eligible

All Pieces are available in Spanish

ML3.1G45F

Tier 1

1 would like	e to find out if I qualify for any of the	ne benefits fisted.
Signature:		
Age	Spouse Medicare eligible? Yes / No	
*Phone Number: (*NEEDED FOR DELIVERY	
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Back

Medicare Savings Program

Do you qualify to have your Medicare Part B premium paid for by the state? If you qualify, you will receive your \$170.10 back into your Social Security check. Do you qualify for the Extra Help Program with your prescription drugs from Social Security? Do you qualify for Medicaid or have been receiving all the extra benefits such as Dental, Vision, Hearing, Transportation and FREE over-the-counter health products

Free assistance in determining if you qualify for Part B reduction. Return the postage paid inquiry card today.

There is no cost or obligation to receive this information.

A licensed agent may contact you to review benefits and discuss Medicare Advantage plans available. We do not offer every plan in your area. Any information we provide is limited to those plans we offer in your area. Please contact Medicare.gov or 1-800-Medicare to get information on all of your options. <<SO Disclaimer>>

Tier 1: \$535	These formats are the most affordable
	way for agents to generate leads

Tier 2: \$550 This is our popout format, which is a favorite among agents

Tier 3: \$570 These formats cost more to produce and mail in an Envelope

ML3.27G99V

Tier 2

Part B Reduction Notice For <<First Name>> <<Last Name>>

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You may qualify to have your Medicare Part B premium paid for by the state. If you qualify, this amount would be added back to your monthly Social Security payments.

There are also programs designed to help Medicare recipients reduce costs that may be available to you. There is no cost or obligation to learn how to qualify for these programs.

To learn more about these programs simply complete and return this postage paid card.

By providing the information below, I grant permission for a licensed insurance agent to contact me regarding my Medicare options including Medicare Supplement, Medicare Advantage and prescription drug plans.

XSIGNATURE ()PHONE	000000 000000 < <keycode>> *******************ECRIOT **C-004 Mr John Doe 7101 Chase Oaks Blvd Plano, TX 75025-5908</keycode>
EMAIL	

ML3.27G99V

NOT AFFILIATED WITH ANY GOVERNMENT AGENCY

ML3.22G99V

Tier 2

Part B Reduction Notice For <<First Name>> <<Last Name>>

You may qualify to have your Medicare Part B premium paid for by the state. If you qualify, this amount would be added back to your monthly Social Security payments.

There are also programs designed to help Medicare recipients reduce costs that may be available to you. There is no cost or obligation to learn how to qualify for these programs.

To learn more about these programs simply complete and return this postage paid card

We do not offer every plan available in your area. Currently we represent <<\\$> organizations which offer <<\\$>> products in your area. Please contact Medicare. gov, 1-800-Medicare or your local State Health Insurance Program (SHIP)

EMAIL	
() PHONE	Mr John Doe 7101 Chase Oaks Blvd Plano, TX 75025-5908
XSIGNATURE	000000 000000 < <keycode>> ***************ECRLOT **C-004</keycode>
to get information on all yo	•

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NOT AFFILIATED WITH ANY GOVERNMENT AGENCY

Medicare/Final Expense Programs

FE39.7G99V

Tier 2

BENEFIT NOTIFICATION

FOR <<FIRST NAME>> <<LAST NAME>>

000000000000

The Social Security administration provides a financial death benefit to assist citizens with final expenses. There is also a state regulated insurance program to help pay what the government benefit does not cover. If you qualify, this program can pay 100% of all funeral and final expenses for each person covered.

These programs require no physical exam and guarantee acceptance.

Simply complete and return this no-postage-required card to receive your free information.

X SIGNATURE

Mr John Doe

AGE SPOUSE AGE

7101 Chase Oaks Blvd Plano, TX 75025-5908

AREA PHONE

FE39.7G99V]

[NOT AFFILIATED WITH ANY GOVERNMENT AGENCY

FE40G99V

Tier 3

<<Year>> BENEFIT NOTICE FOR <<FIRSTNAME>> <<LASTNAME>>

000000000000

The Social Security Administration has made funds available for final expense planning. There are also low cost programs in your state designed to pay what the government programs do not cover. If you qualify, these plans may pay 100% of funeral expenses, up to \$25,000.

NO PHYSICAL EXAM REQUIRED.

To see if you qualify, return this postage-paid card today to receive this vital information. Requests will be processed in the order they are received. This information is provided for FREE, there is no obligation.

[] YES! I would like to see how I can qualify for this program.

X SIGNATURE PHONE

Mr John Doe 7101 Chase Oaks Blvd Plano, TX 75025-5908

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Turning 65

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MT11G99V

Tier 2

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ns you can choose any Medicare
ns you can choose any Medicare
scrons. This guaranteed acceptance
during your election period of dollars each year! For more and benefits available, return this oday!
al election period, do not delay.
Samp 9 T1 P1 *********************************
Mr John Doe
7101 Chase Oaks Blvd

MT22G38F

Tier 2

*** Medicare Initial Enrollment Period Notice ***

When you turn 65, you will be in your Medicare Initial Enrollment Period, which allows you to choose any Medicare carrier without any medical questions. This guaranteed acceptance period, regardless of medical history, only happens once. Make an informative decision and possibly save hundreds of dollars. Return this card to learn more about the plans in your area and all the benefits available to you. No cost or obligation to receive this FREE information.

 \Box s

[NOT AFFILIATED WITH ANY GOVERNMENT AGENCY

YES! I would like to learn more about the plans available in my area.	
	< <barcode rec#="" so#="">></barcode>
Samp 9 T1 P1 ***********************************	NAME
Mr John Doe 7101 Chase Oaks Blvd	AGE
Plano, TX 75025-5908	PHONE ()
CHECKAPATIFCHARACTICAPANIFC AT PRODUCTION	EMAIL

By providing the information below, I grant permission for a licensed insurance agent to contact me regarding my medicare options including Medicare Supplement, Medicare Advantage, and Prescription Drug Plans.

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Tier 1

DOCUMENT:						
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AREA CODE - PHONE #	*NEEDED FO	D DELIVE	ov.	EMAI		
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What is your date of bird What is your spouse's c	h?	N DELIVE				

Back

MEDICARE SUPPLEMENT COMPARISON SCHEDULE FOR AMERICANS TURNING AGE 65

NOTICE: Return the attached postage paid card today for your free Medicare Supplement Comparison Schedule based on your age and area of residence.

REGISTERED DOCUMENT - DO NOT DESTROY

Your answers on the attached card will allow a personalized comparison schedule to be produced just for you.

Please complete and return within 5 business days to receive a price and benefit comparison of medicare supplement plans for your specific age, gender and zip code area.

PLEASE VERIFY THE ADDRESS FOR THIS INFORMATION REQUEST. THIS INFORMATION IS NOT AFFILIATED WITH OR ENDORSED BY GOVERNMENT AGENCIES. YOU MAY BE CONTACTED BY A INSURANCE LICENSED REPRESENTATIVE.



AEP Programs

MD56G45V

Tier 1

Front	Detach Here And Mail Today or For Privacy Fold Card and Tape With Return Address Facing Out.	. 0
I IXI	ase see that I receive information regarding the Medicare benefits for ch I am eligible.	
Signature:	Age	
Spouse	Spouse Age	
*Phone Numb	ber: ()	
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	< <full name="">></full>	
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	< <county>></county>	
or Prescription D limited to those p	may contact you regarding Medicare Advantage Plans, Medicare Supplement Insurance Drug Plans. We do not offer every plan in your area. Any information we provide is plans we offer in your area. Please contact Medicare.gov or 1-800-Medicare to get ll your options. «SO Disclaimer».	2,

Back

The Annual Election Period for Medicare provides you the opportunity to make changes to your coverage. The <<Year>> Annual Election Period begins October 15th and ends on December 7th.

This means you have a limited time to get informed about your rights and options.

Learn more about important changes such as:

- ·Prescription drug discounts
- •Medicare part B premium increases
- •Change of providers and coverage in your area

For FREE information on the Medicare-approved options available in your area, please fill out and return the postage paid card today.

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Tier 1

Front	Detach Here And Mail Today For Privacy Fold Card and Tape With Return A	
IX.I	se see that I receive information regardi h I am eligible.	ing the Medicare benefits for
Signature:	A	ge
Spouse	s	pouse Age
*Phone Numb	er: ()_*NEEDED FOR DEL.	IVERY
		MD56CG45V
	000000 000000 < <keycode>> <=Full Name>> <=Address>> <=City>> <<st>> <<zip+4>> ></zip+4></st></keycode>	

Back

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This means you have a limited time to get informed about your rights and options.

Learn more about important changes such as:

- Better prescription drug discounts
- Medicare part B premium increases
- Change of providers and coverage in your area

For FREE information on the Medicare-approved options available in your area, please fill out and return the postage paid card today.

By submitting your information you acknowledge that a licensed agent may contact you by phone, email or mail to discuss Medicare Advantage, Medicare Supplement & Prescription Drug plans. We do not offer every plan in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare gov or 1-800-Medicare to get information on all your options. << SO Disclaimer>>.

ML3.1G38F

Tier 2

*** Medicare Savings Program ***

Do you qualify to have your Medicare Part B premium paid for by the state? If you do qualify, you will receive your \$164.90 back into your Social Security check. Do you qualify for the Extra Help Program with your prescription drugs from Social Security? Do you qualify for Medicaid or have you been receiving all the extra benefits such as Dental, Vision, Hearing, Transportation and FREE over-the-counter Health Products?

Return this card to initiate eligibility review.

<<BARCODE SO# REC#>>

YES! I would like to find out if I qualify for any or all of the benefits listed above.			
NAME			
AGE			

PHONE () _

A licensed agent may contact you regarding the benefits listed and review Medicare Advantage plans available in your area. We do not offer every plan in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-Medicare to get information on all of your options. <<SO Disclaimer>>



Seminars

SE88G58F





SE90G58F





5x8 Color Postcards: \$590

Wedding Style Seminar Invitations: \$615

SE87.5G69F

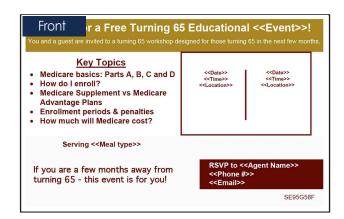






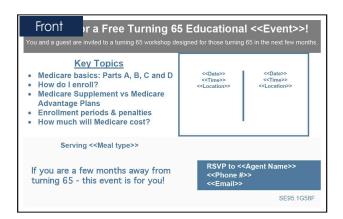
Seminars

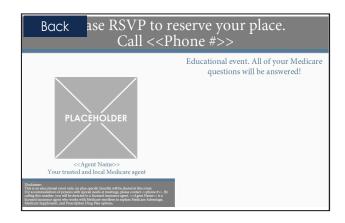
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