



Helping agents meet prospects™



1-800-992-2722

Extra Help / Dual Eligible

All Pieces are available in Spanish

ML3.1G45F

Tier 1

Front

Detach Here And Mail Today or
For Privacy Fold Card and Tape With Return Address Facing Out.

☐ I would like to find out if I qualify for any of the benefits listed.

Signature: _____

Age _____ Spouse Medicare eligible? Yes / No

*Phone Number: (_____) _____

NEEDED FOR DELIVERY

ML3.1G45F

000000 000000 <<Keycode>> <<Reverse>>
<<Full Name>>
<<Address>>
<<City>> <<ST>> <<Zip+4>>
<<County>>

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>>

000000000000

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.

X
SIGNATURE _____ 000000 000000 <<keycode>>
(_____) _____ *****ECRL0T **C-004
PHONE _____ Mr John Doe
7101 Chase Oaks Blvd
Plano, TX 75025-5908
EMAIL _____ ~~XXXXXXXXXXXXXXXXXXXX~~

ML3. 27G99V

NOT AFFILIATED WITH ANY GOVERNMENT AGENCY

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>>

ML3.22G99V

Tier 2

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

000000000000

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) to get information on all your options.

X
SIGNATURE _____ 000000 000000 <<keycode>>
(_____) _____ *****ECRL0T **C-004
PHONE _____ Mr John Doe
7101 Chase Oaks Blvd
Plano, TX 75025-5908
EMAIL _____ ~~XXXXXXXXXXXXXXXXXXXX~~

A licensed insurance agent may contact you by phone or email to review available benefits.

ML3. 22G99V

NOT AFFILIATED WITH ANY GOVERNMENT AGENCY



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1-800-992-2722

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 _____

AGE _____ SPOUSE AGE _____

(_____) PHONE _____

Samp 9 T1 P1
*****ECRL0T **C-004

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


FE39.7G99V

[NOT AFFILIATED WITH ANY GOVERNMENT AGENCY

FE39.7G99V]

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 _____

AGE _____ SPOUSE _____

000000 000000 <<keycode>>
*****ECRL0T **C-004

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


FE40G99V

[NOT AFFILIATED WITH ANY GOVERNMENT AGENCY

FE40G99V]



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Turning 65

MT11G99V

Tier 2

MEDICARE INITIAL ELECTION PERIOD INQUIRY
FOR <<FIRST NAME>> <<LAST NAME>>

000000000000

Dear <<First Name>>

When you turn age 65, you will be in your Medicare "INITIAL ELECTION" period, which means you can choose any Medicare carrier without medical questions. This guaranteed acceptance period only happens once.

Make an informative choice during your election period and possibly save hundreds of dollars each year! For more information on the choices and benefits available, return this postage-paid inquiry card today!

You only have ONE initial election period, do not delay.

X
SIGNATURE _____
AGE _____ SPOUSE AGE _____
()
PHONE _____
(REQUIRED FOR VERIFICATION)
<<SO Disclaimer>>

Samp 9 T1 P1
*****ECRL0T **C-004
Mr John Doe
7101 Chase Oaks Blvd
Plano, TX 75025-5908
[Barcode]

[NOT AFFILIATED WITH ANY GOVERNMENT AGENCY] MT11G99V
MT11G99V]

MT13.5G45V

Tier 1

Front

Detach Here and Mail Today or for Privacy
Fold Card And Tape With Return Address Facing Out

IMPORTANT - COMPLETE & RETURN THIS POSTAGE-FREE REQUEST CARD TODAY

REGISTERED DOCUMENT:			
LAST <<Last Name>>	FIRST <<First Name>>	SPOUSE'S NAME	
STREET ADDRESS <<Street>>	CITY <<City>>	STATE <<ST>>	ZIPCODE <<Zipcode>>
AREA CODE - PHONE # *NEEDED FOR DELIVERY		EMAIL	
What is your date of birth?	Month	Day	Year
What is your spouse's date of birth?	Month	Day	Year
Would you like a personalized Medicare Supplement comparison schedule?	Yes		

<<so>> <<record>> <<keycode>> <<reverse>>

MT13.5G45V

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.

☐ YES! I would like to learn more about the plans available in my area.

<<BARCODE SO# REC#>>

Samp 9 T1 P1
*****ECRL0T **C-004

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

NAME _____
AGE _____
PHONE () _____
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.
<<SO Disclaimer>>

MT22G38F

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.

1-800-992-2722

AEP Programs

MD56G45V

Tier 1

Front Detach Here And Mail Today or
For Privacy Fold Card and Tape With Return Address Facing Out. ↑

☒ Please see that I receive information regarding the Medicare benefits for which I am eligible.

Signature: _____ Age _____

Spouse _____ Spouse Age _____

*Phone Number: () _____

*NEEDED FOR DELIVERY

MD56G45V

000000 000000 <<Keycode>> <<Reverse>>
<<Full Name>>
<<Address>>
<<City>> <<ST>> <<Zip+4>>
<<County>>

A licensed agent may contact you regarding Medicare Advantage Plans, Medicare Supplement Insurance, or Prescription Drug Plans. 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 your options. <<SO Disclaimer>>.

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.

MD56CG45V

Tier 1

Front Detach Here And Mail Today or
For Privacy Fold Card and Tape With Return Address Facing Out. ↑

☒ Please see that I receive information regarding the Medicare benefits for which I am eligible.

Signature: _____ Age _____

Spouse _____ Spouse Age _____

*Phone Number: () _____

*NEEDED FOR DELIVERY

MD56CG45V

000000 000000 <<Keycode>> <<Reverse>>
<<Full Name>>
<<Address>>
<<City>> <<ST>> <<Zip+4>>
<<County>>

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:

- 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>>

ML3.1G38F

1-800-992-2722

Seminars

SE88G58F

YOU ARE INVITED!

Start enjoying the Medicare and Medicaid benefits you are entitled to!
You and your guest are invited to enjoy a **FREE LUNCH**, while I help take the confusion out of enrolling for Medicare.

Medicare can be confusing and unforgiving.

Please join me for a **FREE Medicare Workshop** designed for folks signing up for Medicare within the next few months who need answers. **Plan benefits may include:**

- \$0 Premium
- Dental
- Monthly Food Benefits
- Over the counter credits
- Vision
- Transportation
- Virtual Medical and Mental visits
- Over the counter credits

PLEASE, LEAVE YOUR CHECKBOOK AT HOME. I am here to help! Nothing will be sold.

CALL NOW TO RESERVE YOUR SEATS! <<Variable Phone #>>
SEATING IS LIMITED. Due to the popularity of this workshop, guests are signed up in order of reservations.



YOU'RE INVITED!

Join me for an informative, relaxed
Medicare Workshop and
Complimentary Lunch!



Date, Time & Location:

Your
Speaker:
<<Agent Name>>
<<Agent Bio>>

There is NO COST or OBLIGATION for attending this workshop.

A confirmed reservation is required for admission.
Limited to first time attendees. 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.

SE90G58F

CONFUSED ABOUT MEDICARE?

You are invited to attend "Turning 65 Workshop"

for those enrolling in Medicare within the next few months.

Presented by << Agent >>

This event is for you to relax and ask questions!

<<Date>> <<Date>>
<<Time>> <<Time>>
<<Location>> <<Location>>

Call now to reserve your place! << Phone #>>

Some Key Topics We Will Discuss:

- ✓ When and how do I enroll in Medicare?
- ✓ Difference between Medicare Supplement and Advantage Plan?
- ✓ How much does Medicare Cost?
- ✓ Should I keep my Employer Coverage or take Advantage of Medicare?

<<Date>>
<<Time>>
<<Location>>

Call now to reserve your place!

<<Phone Number>>
SEATING WILL BE LIMITED

PLEASE CALL TODAY!

Can't attend the workshop?

Call me with your questions!

...about your Presenter
<<Agent Bio>>

<<Agent Image>>

<<Name>>
Presenter

<<Email or Website>>

This is an Educational event, no specific plans will be discussed. We do not offer every plan available 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.

This is an Educational Event...no specific plans will be discussed.

SE90G58F

5x8 Color Postcards: \$590

Wedding Style Seminar Invitations: \$615

SE87.5G69F

you're invited

To a Free Medicare Educational Event

You and a guest are invited to a **FREE Turning 65 workshop** designed to take the confusion out of enrolling in Medicare. We will help you make an informed choice during this very important enrollment period.

Here are some of the topics we will cover:

- What is Medicare and do I have to enroll?
- When do I sign up for Medicare?
- Who is eligible for Medicare?
- Enrollment, premiums and penalties for Medicare
- How to compare Medicare Advantage Plans to Medicare Supplement Plans
- Answer any questions you may have

This is a very confusing topic and we want to make sure you understand all aspects of Medicare so you can make the best decision for your health care coverage.

There is no cost to attend.
Seating is limited, please RSVP to reserve your spot now.

<< Date>> << Date>>
<<Time>> <<Time>>
<<Location>> <<Location>>

Image goes here

To RSVP please call
<< Phone #>>
Feel free to bring a guest.

Serving: <<Meal/Refreshment>>

Medicare Advisor <<First Last>>

This is an educational event, no products will be sold at this event. <<Agent>> is a licensed and certified agent who works with Medicare enrollees to explain Medicare Advantage, Medicare Supplement and Prescription Drug Plan options. Not affiliated with or endorsed by the government or Federal Medicare Program.

For accommodations of persons with special needs, please contact <<Agents phone number>>. By calling this number you will be directed to a licensed insurance agent.

SE87.5G69F

1-800-992-2722

Seminars

SE95G58F

Front for a Free Turning 65 Educational <<Event>>!

You and a guest are invited to a turning 65 workshop designed for those turning 65 in the next few months.

Key Topics

- Medicare basics: Parts A, B, C and D
- How do I enroll?
- Medicare Supplement vs Medicare Advantage Plans
- Enrollment periods & penalties
- How much will Medicare cost?

Serving <<Meal type>>

If you are a few months away from turning 65 - this event is for you!

RSVP to <<Agent Name>>
<<Phone #>>
<<Email>>

SE95G58F

Back ase RSVP to reserve your place.
Call <<Phone #>>

Educational event. All of your Medicare questions will be answered!

PLACEHOLDER

<<Agent Name>>
Your trusted and local Medicare agent

Disclaimer:
This is an educational event only; no plan specific benefits will be shared at this event.
For accommodations of persons with special needs at meetings, please contact <<phone #>>. By calling this number, you will be directed to a licensed insurance agent, <<Agent Name>> is a licensed insurance agent who works with Medicare enrollees to explain Medicare Advantage, Medicare Supplement, and Prescription Drug Plan options.

SE95.1G58F

Front for a Free Turning 65 Educational <<Event>>!

You and a guest are invited to a turning 65 workshop designed for those turning 65 in the next few months.

Key Topics

- Medicare basics: Parts A, B, C and D
- How do I enroll?
- Medicare Supplement vs Medicare Advantage Plans
- Enrollment periods & penalties
- How much will Medicare cost?

Serving <<Meal type>>

If you are a few months away from turning 65 - this event is for you!

RSVP to <<Agent Name>>
<<Phone #>>
<<Email>>

SE95.1G58F

Back ase RSVP to reserve your place.
Call <<Phone #>>

Educational event. All of your Medicare questions will be answered!

PLACEHOLDER

<<Agent Name>>
Your trusted and local Medicare agent

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SE95.2G58F

Front for a Free Turning 65 Educational <<Event>>!

You and a guest are invited to a turning 65 workshop designed for those turning 65 in the next few months.

Key Topics

- Medicare basics: Parts A, B, C and D
- How do I enroll?
- Medicare Supplement vs Medicare Advantage Plans
- Enrollment periods & penalties
- How much will Medicare cost?

Serving <<Meal type>>

If you are a few months away from turning 65 - this event is for you!

RSVP to <<Agent Name>>
<<Phone #>>
<<Email>>

SE95.2G58F

Back ase RSVP to reserve your place.
Call <<Phone #>>

Educational event. All of your Medicare questions will be answered!

PLACEHOLDER

<<Agent Name>>
Your trusted and local Medicare agent

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