

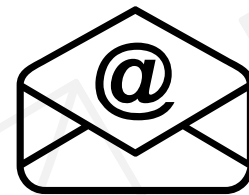
ARM
LEADS



2026 Catalog



1-800-992-2722



hello@ARMleads.com



FE40.3G99V

- **Program:**
Final Expense
- **Format:**
Popout
- **Price:**
\$0.615/piece (\$615/Thousand)
- **Minimum quantity:**
1,000 pieces per order
- **National Average Response Rate:**
0.8% - 1.2% per thousand pieces
- **Dimensions:**
7in x 4.75in
- **States that require general disclaimers (this may include License #, agent name or agent address):**
AR, CA, FL, KS, MN, TX, UT, WI
- **Recommended Demographics**
 - Age: 64-81
 - Income: \$15k - \$50k
 - Dwellings: Single Family Homes, Apartments, Condos, Mobile homes

NOTE: Expect lower than average response rates during AEP.
Response rates are based on previous existing pieces.

1-800-992-2722

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Front

<<Year>> BENEFIT NOTICE
FOR <<FIRSTNAME>> <<LASTNAME>> 000000000000

The Social Security Administration has made funds available for final expense planning. There are also available insurance plans 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.

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**, and there is no obligation.

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

X _____
SIGNATURE

() _____
PHONE

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

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

AGE _____ SPOUSE _____ FE40.3G99V

Policy issue may depend upon application answers to health questions. This solicitation is not affiliated with or endorsed by the US government or Social Security. An insurance licensed producer may contact you.

Back

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IN THE
UNITED STATES

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 17013 WASHINGTON, DC
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NATIONAL PROCESSING CENTER
611 PENNSYLVANIA AVENUE SE # 1400
WASHINGTON DC 20077-0854

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USE THUMB NOTCH TO SNAP OUT CONTENTS

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WASHINGTON, D.C. 20003

PREST STD
U.S. POSTAGE
PERMIT 72
75147

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PERMIT 72
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MA80.1G38V

- **Program:**
Medicare Advantage
- **Format:**
3x8
- **Price:**
\$0.615/piece (\$615/Thousand)
- **Minimum quantity:**
1,000 pieces per order
- **National Average Response Rate:**
0.5%-0.8% per thousand pieces*
- **Dimensions:**
3in x 8in
- **States that require general disclaimers (this may include License #, agent name or agent address):** AR, CA, FL, KS, MN, TX, UT, WI
- **Recommended Demographics**
 - Age: 64-81
 - Income: \$0-\$50k
 - Dwellings: Single Family Homes, Apartments, Condos, Mobile homes

NOTE: Expect lower than average response rates during AEP.
Response rates are based on previous existing pieces.

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Front

Medicare Benefit Review << First Name>> <<Last Name>>

Whether you're new to Medicare or making sure you are getting all the benefits available; you'll need to make several important decisions about your health coverage. Make sure you get all Medicare information and benefits that are available to you. There may be new plans available that you should be aware of and new benefits are introduced every year!

Do not miss out on what you are eligible to receive. Please check all areas of interest below.

Understanding all Medicare benefits available Benefit Review & Comparison Medicare planning when working beyond age 65

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

Name: _____

Home Phone:(_____)_____

Cell Phone:(_____)_____

Email: _____

<<Barcode>> MA80.1G38V

<<Order No>> <<Record No>> <<DOB>> << County>>

This solicitation is not affiliated with or endorsed by the US government or the federal Medicare program.
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MEDICARE ADDITIONAL BENEFIT INFORMATION

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MD56.12G45V

- **Program:**
Medicare Supplement
- **Format:**
Bi-fold
- **Price:**
\$0.60/piece (\$600/Thousand)
- **Minimum quantity:**
1,000 pieces per order
- **National Average Response Rate:**
0.8%-1.2% per thousand pieces*
- **Dimensions:**
5.5in x 8.5in
- **States that require general disclaimers (this may include License #, agent name or agent address):** AR, CA, FL, KS, MN, TX, UT, WI
- **Recommended Demographics**
 - Age: 64+
 - Income: \$30k-\$100k
 - Dwellings: Single Family Homes, Apartments, Condos, Mobile homes

NOTE: Expect lower than average response rates during AEP. Response rates are based on previous existing pieces.

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Front

PRESORTED
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US POSTAGE
PAID PERMIT
072 75147

<<YEAR>> Annual Notice
Medicare Election Period

New Medicare Benefit Information

Detach Here And Mail
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.

Please do not contact me with information regarding the Medicare benefits for which I am eligible.

Signature: _____ Age _____

*Phone Number: (_____) _____

MD56.12G45V

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

Back

Make sure you are receiving all the benefits you deserve.

You may not be getting all the Medicare benefits that you are eligible to receive. Each year new benefits are introduced and many Medicare recipients may miss out on benefits and savings they deserve.

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.

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

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MT11.21G99V

- **Program:**
Turning 65
- **Format:**
Popout
- **Price:**
\$0.615/piece + \$25 Saturation Fee per thousand pieces
- **Minimum quantity:**
No minimum
- **National Average Response Rate:**
0.5%-1% per thousand pieces*
- **Dimensions:**
7in x 4.75in
- **States that require general disclaimers (this may include License #, agent name or agent address):** AR, CA, FL, KS, MN, TX, UT, WI
- **Recommended Demographics**
 - Date of Birth: 5-7 months out
 - Income: all
 - Dwellings: Single Family Homes, Apartments, Condos, Mobile homes

NOTE: Expect lower than average response rates during AEP. Response rates are based on previous existing pieces.

1-800-992-2722

hello@ARMleads.com

Front

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 for your free information.

You only have ONE initial election period and it is important to understand all of your options.

X _____
Signature

Month turning 65 _____
() _____
Phone # _____
Email _____

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

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HERE FIRMLY HOLD HERE FIRMLY

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WASHINGTON, D.C. 20003

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MT13.22G45V

- **Program:**
Turning 65/Medicare Supplement
- **Format:**
Bi-fold
- **Price:**
\$0.60/piece + \$25 Saturation Fee per thousand pieces
- **Minimum quantity:**
No minimum
- **Average Average Response Rate:**
1%-2.4%
- **Dimensions:**
5.5in x 8.5in
- **States that require general disclaimers (this may include License #, agent name or agent address):**
AR, CA, FL, KS, MN, TX, UT, WI
- **Piece disclaimer:** Agent's name, phone # and NPN #
- **Recommended Demographics**
 - Date of Birth: 5-7 months out
 - Income: all
 - Dwellings: Single Family Homes, Apartments, Condos, Mobile homes

NOTE: Expect lower than average response rates during AEP. Response rates are based on previous existing pieces.

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Front

<<YEAR>>

**Medicare Supplement Comparison
Schedule for Turning 65 Medicare
Beneficiaries**

PERSONAL BUSINESS MAIL

POSTMASTER:
If undeliverable as addressed
please refer to section 507.1.4
of the official DMM.

PRESORTED
FIRST CLASS
US POSTAGE
PAID
MABANK, TX
PERMIT 072

<<Full Name>>
<<Address>>
<<City>> <<ST>> <<Zip+4>>
<<County>>

--- ✂ ---
↑ Detach Here and Mail or for Privacy, ↓
Fold Card And Tape With Return Address Facing Out

IMPORTANT - COMPLETE & RETURN THIS POSTAGE-FREE REQUEST CARD

For faster service, please contact <<agent name>> at <<agent phone #>>, NPN# <<NPN #>>.			
LAST <<Last Name>>		FIRST <<First Name>>	
STREET ADDRESS <<Street>>	CITY <<City>>	STATE <<ST>>	ZIPCODE <<Zipcode>>
AREA CODE - PHONE # *NEEDED FOR DELIVERY		EMAIL	
What is your age?			
Would you like a personalized Medicare Supplement comparison schedule?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Back

**MEDICARE SUPPLEMENT COMPARISON
SCHEDULE FOR TURNING 65
MEDICARE BENEFICIARIES**

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

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

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

Providing your information is optional. By providing your contact information above, you are granting permission for a licensed sales agent to contact you by phone, mail, or email to answer your questions or provide additional information about Medicare Advantage Plans, Medicare Prescription Drug Plans and Medicare Supplement Insurance even if my number is listed on any state or federal agency sites. Not affiliated with or endorsed by the Government or Federal Medicare Program. Your information will be provided to a licensed agent for future contact. This is a solicitation for insurance.

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