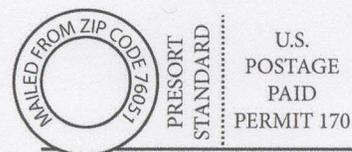


MEDICARE HEALTH PLAN UPDATE

RETURN REPLY ENCLOSED



S-D-13PQR

REQUEST FOR INFORMATION

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

Name: _____

Spouse Name: _____

Home Phone: (_____) _____ Cell: (_____) _____

Email: _____

Please verify address---Complete and mail today

Message: Medicare Health Plan Update

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

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

- What changes in Medicare are in store for the new year?
- Are your premiums going up again?
- Are you paying too much for your Medicare Supplement coverage?

Complete and return the attached free card to find out if you currently receive all the benefits for which you are eligible. Policies A - G, M & N are available. You may be able to qualify for premium savings from \$200 - \$600 per year. There is no obligation and all the information is FREE!



Not affiliated with any government agency. An agent may contact you. Insurance related solicitation.

GET A WALMART GIFT CARD FOR PARTICIPATING!



PRSR STD
US POSTAGE
PAID
PERMIT 170
76051

Please complete ALL information below and return in the self-enclosed envelope to see what you qualify for and get your FREE gift card.

Get a FREE Walmart Gift Card as a thanks for participating in our survey.

- What is your age?

<input type="checkbox"/> 45-54	<input type="checkbox"/> 55-64	<input type="checkbox"/> 65-74	<input type="checkbox"/> 75-85
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- Do you own a life insurance policy?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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 If yes, what type of policy?

<input type="checkbox"/> Term Life	<input type="checkbox"/> Whole Life	<input type="checkbox"/> Universal	<input type="checkbox"/> Not sure
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- Are you currently:

<input type="checkbox"/> Employed Full Time	<input type="checkbox"/> Employed Part Time
<input type="checkbox"/> Disabled	<input type="checkbox"/> Retired
<input type="checkbox"/> Other _____	
- Do you have a plan that protects you and your family from critical illnesses (heart attack, cancer, stroke)?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- Please check the boxes for any insurance services you are interested in receiving:

<input type="checkbox"/> Term Life Insurance	<input type="checkbox"/> Critical Illness Coverage (heart attack, cancer, stroke)
<input type="checkbox"/> Whole Life Insurance	<input type="checkbox"/> Final Will Resources
<input type="checkbox"/> Burial Insurance	<input type="checkbox"/> Final Expense Coverage
	<input type="checkbox"/> Grandchildren Insurance

Signature: _____ Date: _____

THANK YOU
for completing our survey!



Yes, I want a Walmart Gift Card.

I'm aware I must complete ALL questions and fill out the information below within 30 days to receive my gift card.

Name _____

Beneficiaries Name _____ Relationship _____

Address _____ Unit # _____

City _____ State _____ Zip _____

Phone _____ Best time to call: _____