

*** CUT AREA ***

*** CUT AREA ***

2026 Medicare Health Plan Update for Residents of New York

As a New York resident, you may not be getting all the Medicare benefit savings you are eligible for. There are new plans with additional savings for this year that you should be aware of.



Complete and return this free card to find out if you currently receive all the savings for which you are eligible to receive. There is no obligation and all the information is FREE!

Name: _____

Spouse: _____

Age: _____ Spouse's Age: _____

Phone: () _____

Not affiliated with any government agency.

SAVINGS FORM E-379

*** CUT AREA ***

*** CUT AREA ***

Important Changes in Medicare for 2026

Recent reports have indicated that Medicare enrollees are to receive new benefits from the sweeping legislation passed by congress. Changes in Medicare spending will protect the health and economic security of older Americans and their families, according to these reports.

Complete and return this free postage-paid card to find out if you currently receive all of the benefits you are entitled to **and see what programs can lower your prescription drug costs.** There is no obligation and all of the information is FREE!

YES, I want to know if I am missing out on receiving additional Dental and Vision savings!

Name _____ 

Spouse _____

Age _____ Spouse's Age _____

Phone () _____

Not affiliated with any government agency.

Form E-000000405A

2026 MEDICARE UPDATE

As of January 1st 2026, Medicare Supplement insurers have INCREASED THEIR RATES UP TO 30% on Medicare Supplement coverage.

Based on this there is now available a plan in your state to supplement Medicare at LOWER RATES for residents over 65 years of age.

To find out how to qualify, return this Medicare Supplement inquiry card today. No Cost or Obligation!

Signature: _____

Date of Birth _____

Spouse _____

Date of Birth _____

Phone () _____

2026 MEDICARE BENEFITS UPDATE

As of January 1st 2026, Medicare Supplement insurers have INCREASED THEIR RATES UP TO 30% on Medicare Supplement coverage.

Based on this there is now available a plan in your state to supplement Medicare at LOWER RATES for residents over 65 years of age.

To find out how to qualify, return this Medicare Supplement inquiry card today. No Cost or Obligation!

YES, I am interested in information about Dental benefits.

Signature: _____
Date of Birth _____
Spouse _____
Date of Birth _____
Phone () _____

2026 Important Changes in Medicare

Shedding
Light
on the
Confusion
Over
Medicare
Benefits

Recent reports have indicated that Medicare enrollees are to receive new benefits from the sweeping legislation passed by congress. Changes in Medicare spending will protect the health and economic security of older Americans and their families, according to these reports.

The new brochure, "*Shedding Light on the Confusion Over Medicare Benefits*" will help you understand the difference in these programs and determine which is best for you.

For your free new brochure and information that Americans nationwide are requesting, fill out and return this POSTAGE-PAID card today.

() YES, I would like to receive the new brochure "*Shedding Light on the Confusion Over Medicare Benefits*."

Signature: _____

Date of Birth: _____ / _____ / _____

Spouse: _____

Date of Birth: _____ / _____ / _____

Phone Number: () _____

Not affiliated with any government agency.

BENEFIT FORM E-80

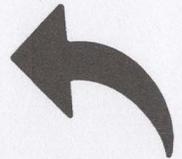
*** CUT AREA ***

*** CUT AREA ***

2026 BENEFITS FORM FOR VIRGINIA RESIDENTS

As a resident of Virginia, you are entitled to benefits not provided by government funds. You now have access to a 2026 state-regulated program which may pay 100% of all final expenses up to \$35,000. Residents of Virginia are entitled to additional information. Return this postage-paid card today to request this new benefit information during your enrollment period.

Please complete all the information below and mail back in postage free!



Name _____

Spouse _____

Age _____ Spouse's Age _____

Phone () _____

Not affiliated with any government agency.

BENEFIT FORM E-262E