2016 IMPORTANT NOTICE

MEDICARE INFORMATION FOR PEOPLE TURNING 65

Our records indicate that you are turning 65 in the next 12 months and need an affordable Medicare Supplement Policy. We can provide a list of companies in your area with the most affordable rates.

PLEASE FILL OUT THIS SURVEY RESPONSE CARD BELOW AND RETURN THIS POSTAGE PAID CARD WITHIN 5 DAYS.

All respondents will receive a comparison that outlines the companies, plans, and costs in your area. This may help you or a friend.

We will also provide you with information on the new Medicare Part D plan now available to help you pay for prescription drugs.



| Name: | | |
|----------------|---|----|
| Date of Birth: | / | / |
| Phone () | | |
| Spouse's Name | | |
| Date of Birth: | / | _/ |
| County: | | |

Not affiliated with or endorsed by any Government or Medicare. Insurance related information may be provided by a licensed agent in your state.

2016 IMPORTANT NOTICE

MEDICARE CHANGES *The following information is extremely important:*

AS OF JANUARY 1ST, INSURERS NATIONWIDE HAVE INCREASED THEIR RATES TREMENDOUSLY. BASED ON THIS, THERE IS NOW AVAILABLE A PLAN IN YOUR STATE TO SAVE YOU HUNDREDS OF DOLLARS EACH YEAR.

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.

TO FIND OUT HOW TO QUALIFY FOR THIS PLAN, AND TO RECEIVE YOUR FREE MEDICARE QUICK GUIDE, RETURN THIS MEDICARE SUPPLEMENT INQUIRY CARD TODAY. YOU WILL NOT BE CHARGED FOR THIS INFORMATION! THIS IS A <u>FREE</u> SERVICE TO YOU. **YOUR IMMEDIATE RESPONSE IS REQUESTED**

| Name: | |
|------------------|---|
| Date of Birth:// | / |
| Phone () | |
| Spouse's Name | |
| Date of Birth:// | / |
| County: | |

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