

MEDICARE INITIAL ENROLLMENT UPDATE
RETURN REPLY REQUESTED



*****AUTO**5-DIGIT 75201 T15 P1
PROSPECT NAME
PROSPECT ADDRESS
PROSPECT CITY/STATE/ZIP
[Barcode]

IE5-D-3S

REQUEST FOR INFORMATION

Please provide information about my initial enrollment and the benefits that may be available to me.

Name: _____ Date of Birth: ____/____/____
(optional)
Spouse's Name: _____ Date of Birth: ____/____/____
(optional)
Phone: (____) _____

PROSPECT NAME
PROSPECT ADDRESS
PROSPECT CITY/STATE/ZIP [Barcode]
126453006555-194509

Please verify address---Complete and mail today

MEDICARE INITIAL ENROLLMENT QUALIFICATION REQUEST CARD

IMPORTANT. YOU WILL SOON BE IN A UNIQUE POSITION WHEN YOU TURN 65. YOU WILL BE IN YOUR "INITIAL ENROLLMENT" PERIOD. THIS MEANS YOU CAN CHOOSE ANY MEDIGAP CARRIER WITHOUT MEDICAL QUESTIONS. BE WELL INFORMED! YOU ONLY HAVE ONE INITIAL ENROLLMENT PERIOD.



WE CAN HELP YOU CHOOSE WISELY DURING YOUR INITIAL ENROLLMENT. THE RIGHT CHOICE COULD SAVE YOU HUNDREDS OF DOLLARS EACH YEAR. FOR AN EXPERT REVIEW OF YOUR MEDIGAP BENEFITS - RETURN THIS CARD!

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

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 1170 OWASSO OK
POSTAGE WILL BE PAID BY ADDRESSEE

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

SEND REQUEST TO:
PO BOX 1170
OWASSO OK 74055-9911



**Average Response Time
(from date of order):**
3 weeks

Other Information:
Responses emailed and posted to
client portal on a daily basis
Physical response cards mailed to you
via USPS twice per week

Specs:
8.5"x11"
Z-fold, glue pressure sealed
Self-mailer with 3.5"x6.5"
perforated tear-out reply card

Recommended Demographics:
Turning 65 in six months.