SPECIAL NEEDS

Mailer Code: S5-D2-16S

2015 MEDICARE HEALTH PLAN UPDATE

RETURN REPLY REQUESTED

MAILED FROM ZIP CODE 76051 | PRESORT STANDARD | U.S. POSTAGE PAID PERMIT 170

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

S5-D2-16S

Message: 2015 Medicare Health Plan Update

If you are enrolled in Medicare or Medicaid you may qualify for new programs in 2015 that can expand your benefits at no cost to yourself.

Medicare beneficiaries with certain chronic illnesses may also qualify for additional benefits. Complete and return the attached postage free card to find out if you currently receive all the benefits you are eligible for.

There is no obligation and all the information is FREE!

2015 Healthcare Plan Update

Name: _____ Date of Birth: ____/____/____ (optional)

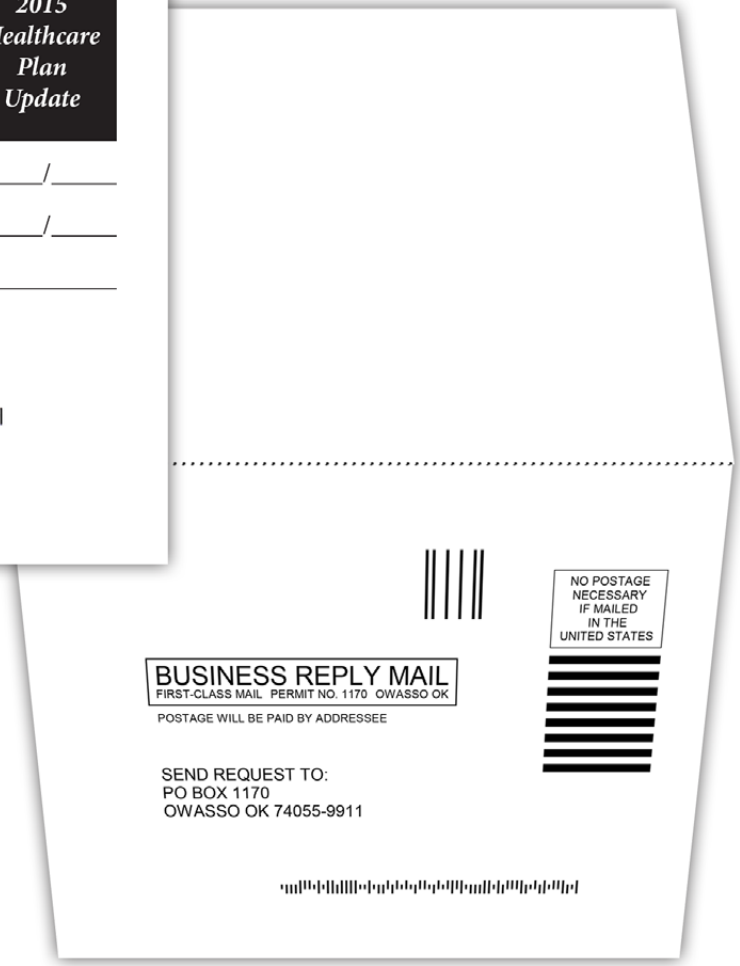
Spouse's Name: _____ Date of Birth: ____/____/____ (optional)

Phone: (_____) _____

PROSPECT NAME
PROSPECT ADDRESS
PROSPECT CITY/STATE/ZIP

126453006555-194509

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



Specs:
6"x8"
Bi-fold
Self-mailer with 4"x6" perforated tear-off reply card

Recommended Demographics:
Ages 65-80, Income $0k - $30k

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