

MEDICARE LEAD MAILERS

- Complete** — Includes list, printing, mail handling and all postage. You should start receiving responses in approximately 2 weeks.
- Response** — Delivered thru "Lead Tracker"© which allows you to : 1) View or print leads 2) Track response 3) Maintain client notes 4) Use calendar/search functions 5) Map responders/non-responders. If lead cards are mailed back, add 1¢ per mailer (\$15 min).*

- Protected Areas** — Names will not be re-mailed for two months to give you time to work your leads.
- Brochures** — A PDF graphic of the gift brochure is emailed to you for you to print as needed.
- Customized** — Mailers may be personalized with your name, company name or contact information as well as compliance wording at no additional charge.**
- Phone Lists** — Not automatically included. For Do Not Call regulations, go to www.ftc.gov/donotcall.

ALL Mail First Class

Turning 65 Available

Call For Your Senior Health Solutions Discount

Please select Demographics:

Turning 65 in the Months of:
 1. _____
 2. _____
 3. _____

Age Range: _____ +
 or Age _____ to _____
 Female Priority

Estimated Income Range:
 (Note: Income is not guaranteed)
 \$20K+ \$30K+ \$40K+
 Other \$ _____

Dwelling Type:
 Omit PO Boxes
 Omit Apartments
 Omit Trailers

Zipcodes or Counties (in order of preference):

1.	3.	5.
2.	4.	6.

Mailer Rates:

	1,000	3,000	5,000
Regular Rate	51¢	49¢	47¢
Senior Health Solutions	Call for Discount		
Turning 65 Select	2¢	2¢	2¢

Order Info: Please check one: MS57 MS26 MS55

Quantity: _____ x Rate: _____ = \$ _____
 Turning 65 Select Qty: _____ x 2¢ = \$ _____
 Set-Up for less than 1,000 names: 500-999 = \$60; 1-499 = \$100 = \$ _____
 *Original Leads Mailed via USPS Qty: _____ x 1¢ (\$15 min) = \$ _____
 Mail Lead Cards = 1¢ extra (\$15 min) Leads via "Lead Tracker"© = \$ _____
 Texas Residents add 8¼% Tax = \$ _____
 Total = \$ _____

Check # _____ enclosed for \$ _____ or
 Paying by: VISA MasterCard American Express Discover
 Credit Card # _____ - _____ - _____ - _____
 Name on Credit Card: _____
 Address where Credit Card Statement is sent: _____
 Exp Date _____ - _____ Security Code on back of Card _____
 Production begins immediately. No cancellations or changes after receipt of order.

Contact Info:

Name: _____
 Company: _____
 Address: _____
 City: _____
 State: _____ Zip Code: _____
 Phone #: (____) _____
 Cell #: (____) _____
 E-Mail: _____

**Certain states require agent's name and license number.
 If needed please provide:
 Agent Name: _____
 License #: _____

2014 MEDICARE SUPPLEMENT COMPARISON SCHEDULE

PRESORTED
FIRST CLASS
US POSTAGE PAID
DALLAS TX
PERMIT 6045

PERSONAL BUSINESS MAIL FORM SP12C

POSTMASTER:

*If undeliverable as addressed
please refer to section 507.1.4
of the official DMM.*

MS 2014

REGISTERED DOCUMENT: DO NOT DISCARD

John Prospect
123 Main Street
Anytown, US 12345-9999



Detach Here And Mail Today or

For Privacy Fold Card and Tape With Return Address Facing Out.

▼ **IMPORTANT** — COMPLETE & RETURN THIS POSTAGE-FREE REQUEST CARD TODAY ▼

REGISTERED
DOCUMENT:

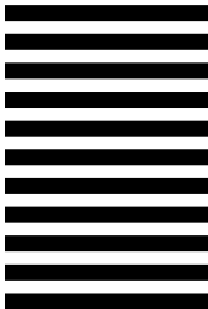


LAST Prospect	FIRST John	SPOUSE'S NAME
STREET ADDRESS 123 Main Street	CITY Anytown	STATE ST
ZIP CODE 12345-6789	AREA CODE - PHONE	

What is your date of birth?	Month	Day	Year
What is your spouse's date of birth?	Month	Day	Year
Do you have a Medicare Supplement plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If so, what insurance company?			
Would you like a personalized Medicare Supplement comparison schedule?	<input type="checkbox"/> Yes <input type="checkbox"/> No		



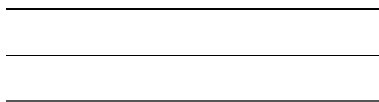
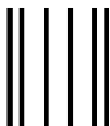
DALLAS TX 75379-9783
PO BOX 797157
DISTRIBUTION CENTER



POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 78073 DALLAS TX

NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



MEDICARE SUPPLEMENT COMPARISON SCHEDULE

NOTICE: Return the attached postage paid card today for your free Medicare Supplement Comparison Schedule based on your age and area of residence.

REGISTERED DOCUMENT - DO NOT DESTROY

Your answers on the attached card will allow a personalized comparison schedule to be produced just for you.

Please complete and return within 5 business days to receive a price and benefit comparison of Medicare Supplement plans for your specific age, gender and zip code area.

**PERSONAL
BUSINESS MAIL**

2013
FORM MS17C

PRESORTED
FIRST CLASS
US POSTAGE
PAID
DALLAS, TX
PERMIT 6045

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SDMI 2013

John Prospect
123 Main Street
Anytown, US 12345-9999



MS57 MAILER

↑ Detach Here And Mail Today or ↑
For Privacy Fold Card and Tape With Return Address Facing Out.



For your *free brochure, "New Changes in Healthcare Benefits"*
mail this postage paid reply card today.

Signature: _____ Spouse's: _____

Date of Birth: ____/____/____ Date of Birth: ____/____/____

*Phone Number: (____) _____

**NEEDED FOR DELIVERY*

E-Mail: _____

PLEASE PRINT CLEARLY

John Prospect
123 Main Street
Anytown, US 12345-9999





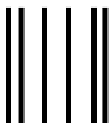
DALLAS, TX 75379-9783
PO BOX 797157
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HEALTHCARE BENEFITS: New Changes for 2013

New legislation has been passed by Congress which changes benefits.

A new brochure, *“New Changes in Healthcare Benefits”* is now available. The information includes explanations of Medicare changes and benefits.

For your *free copy* of the new brochure please mail the attached postage paid reply card today.



2013 MEDICARE SUPPLEMENT COMPARISON SCHEDULE

PRESORTED
FIRST CLASS
US POSTAGE PAID
DALLAS TX
PERMIT 6045

PERSONAL BUSINESS MAIL FORM SP12C

POSTMASTER:

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of the official DMM.*

MS 2013

REGISTERED DOCUMENT: DO NOT DISCARD

John Prospect
123 Main Street
Anytown, US 12345-9999



MS26 MAILER

Detach Here And Mail Today or

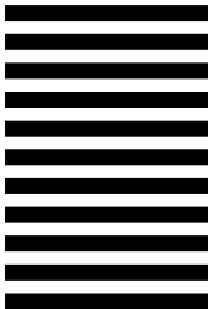
For Privacy Fold Card and Tape With Return Address Facing Out.

▼ **IMPORTANT** — COMPLETE & RETURN THIS POSTAGE-FREE REQUEST CARD TODAY ▼

REGISTERED DOCUMENT:					
LAST Prospect		FIRST John		SPOUSE'S NAME	
STREET ADDRESS 123 Main Street			CITY Anytown		STATE ST
ZIP CODE 12345-6789	AREA CODE - PHONE				
What is your date of birth?		Month	Day	Year	
What is your spouse's date of birth?		Month	Day	Year	
Do you have a Medicare Supplement plan?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, what insurance company?					
Would you like a personalized Medicare Supplement comparison schedule?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
MS26U-DISKD ©		OFFICE USE ONLY			1234-01



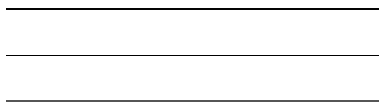
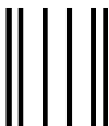
DALLAS TX 75379-9783
PO BOX 797157
DISTRIBUTION CENTER



POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 78073 DALLAS TX

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UNITED STATES



MEDICARE SUPPLEMENT COMPARISON SCHEDULE

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Your answers on the attached card will allow a personalized comparison schedule to be produced just for you.

Please complete and return within 5 business days to receive a price and benefit comparison of Medicare Supplement plans for your specific age, gender and zip code area.

**PERSONAL
BUSINESS MAIL**

2013
FORM FM0812

PRESORTED
FIRST CLASS
US POSTAGE
PAID
DALLAS, TX
PERMIT 6045

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SDMI 2013

John Prospect
123 Main Street
Anytown, US 12345-9999



MS55 MAILER

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Please provide the complimentary brochure, ***“Decision Check List As You Turn 65: Healthcare and Retirement Benefits.”***

Signature: _____ Spouse's: _____

Date of Birth: ____/____/____ Date of Birth: ____/____/____

*Phone Number: (____) _____

****NEEDED FOR DELIVERY***

E-Mail: _____

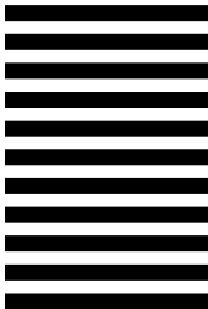
PLEASE PRINT CLEARLY

John Prospect
123 Main Street
Anytown, US 12345-9999





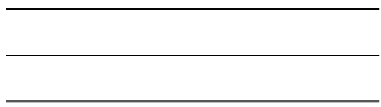
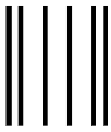
DALLAS TX 75379-9783
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BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 78073 DALLAS TX

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"Decision Check List As You Turn 65" **Healthcare and Retirement Benefits**

If you are about to turn age 65 you can easily understand and review your Retirement Benefits to which you are entitled.

The ***"Decision Check List As You Turn 65"*** Healthcare and Retirement Benefits will help you prepare for and request your benefits in a timely manner.

Return the attached postage paid card today for your free check list.

