



# Senior Health Solutions

Office: 727-397-1850

Fax: 866-231-9293

Originator:

Headquarters

Date:

Catalog: Fall 2013

## Direct Mail Lead Generation

Easy-to-use, highly effective turnkey lead generation system that gets you in front of pre-qualified prospects.

### Program Types:

#### Insurance

- Annuity
- Final Expense
- Long Term Care
- Medicare Supp
- Medicare Advantage
- Medicare LIS
- Veterans
- Combo Mailers

#### Seminar Mailings

- Invitation Style
- Postcard
- Letter

#### Custom Programs

- Agent Recruiting
- Wave Marketing
- Branding
- New Promotions
- Client Retention

#### Spanish Translations

Available in Many Programs

### Key Services:

- Fresh Leads, Exclusive to You*
- 60-Day Territory Protection*
- MyLeads Internet Delivery*
- Working-the-Leads Coach*
- Pull Statistics by State, Zip, County, Age*

### Value-Added Options:

#### Extensive List Services:

- Specialty Lists*
- Customer Data Profiles*
- National Change of Address*



**SPECIAL**  
**Senior Health Solutions**  
**Base Price:**

**\$ 420.00** per thousand  
(Non-SHS Price \$490 per thousand)



Originator:

Agent X00-107

#1

**Select the Program, Pick the Piece**

Select your program type then choose the specific mail piece to suit your needs. Find attached recommended pieces. Some of our best pieces have **3 – 5% returns**.

#2

**Who to Reach, How many Leads**

Demographics can determine who you want your mailings to reach. Also attached, are recommended and time-tested demographics on each program type for targeting **accurate, fresh leads**. But please keep in mind, we offer many more demographic choices.

Next, decide the desired amount of leads you would like to work; we can assist you in determining the number of pieces to mail to obtain your lead goals.

#3

**Mailing Campaign Starts**

Once you approve and pay for your order, it is sent to production for printing then dropped in the mail.

#4

**Pre-Qualified Leads Come to You**

About three weeks after your campaign is mailed, leads begin returning. The received leads are converted to digital images and uploaded to your personal *MyLeads* site as they arrive in-house.

**Ordering Leads**

Call US when you're ready to become a Super Agent. Our representatives will be glad to assist you with your order.

**Fax to Order: 1.800.992.2722**

**Call to Order: 1.972.420.1900**

For more information, visit our web site at  
**[www.ARMLeads.com](http://www.ARMLeads.com)**

## MD2.2G99F

National Average Return

5.0%

**IMPORTANT: PROJECTED MEDICARE CHANGES**

PROPOSED CUTS TO EXISTING GOVERNMENT PROGRAMS INCLUDE A SIGNIFICANT REDUCTION IN THE FEDERAL MEDICARE PROGRAM, WHICH MAY RESULT IN AN INCREASE IN PREMIUMS AND FEES THAT YOU MUST PAY ... AND A DECREASE IN SOME BENEFITS.

THIS NEW CUTBACK IN THE FEDERAL MEDICARE PROGRAM MEANS THAT YOU WILL BECOME RESPONSIBLE FOR AN EVEN GREATER PORTION OF YOUR HEALTH CARE EXPENSES ... EXPENSES THAT WERE PREVIOUSLY PAID BY MEDICARE.

FOR MORE INFORMATION ABOUT THESE CHANGES AND HOW THEY WILL PERSONALLY AFFECT YOU AND YOUR PRESENT HEALTH CARE COVERAGE, SIMPLY COMPLETE AND RETURN THIS POSTAGE PAID CARD TODAY. THERE WILL BE NO COST OR OBLIGATION FOR THIS INFORMATION.

ALSO, DESIGNED FOR LIMITED INCOME FAMILIES OR FIXED INCOME SENIORS, A PLAN IS AVAILABLE TO HELP PAY ANY FINAL EXPENSE DEBTS THAT SOCIAL SECURITY DOES NOT PAY.

X \_\_\_\_\_  
SIGNATURE

AGE \_\_\_\_\_ SPOUSE \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
AREA PHONE

Not affiliated with Medicare or any government agency.

MD2.2G99F

**COMBO**

## MD2.15G99F

National Average Return

3.0%

**IMPORTANT: PROJECTED MEDICARE CHANGES**

000000000000

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THIS NEW CUTBACK IN THE FEDERAL MEDICARE PROGRAM MEANS THAT YOU WILL BECOME RESPONSIBLE FOR AN EVEN GREATER PORTION OF YOUR HEALTH CARE EXPENSES...EXPENSES THAT WERE PREVIOUSLY PAID BY MEDICARE.

FOR MORE INFORMATION ABOUT THESE CHANGES AND HOW THEY WILL PERSONALLY AFFECT YOU AND YOUR PRESENT HEALTH CARE COVERAGE, SIMPLY COMPLETE AND RETURN THIS POSTAGE PAID CARD TODAY. THERE WILL BE NO COST OR OBLIGATION FOR THIS INFORMATION.

X \_\_\_\_\_  
SIGNATURE

DATE OF BIRTH \_\_\_\_\_

SPOUSE'S DATE OF BIRTH \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
AREA PHONE

NOT AFFILIATED WITH MEDICARE/ANY GOVERNMENT AGENCY

MD2.15G99F

## MD33.4G99V

National Average Return

2.7%

**ATTENTION: MEDICARE RECIPIENTS**  
IN <<COUNTY>>, <<STATE>>

000000000001

**MAKE SURE YOU ARE CLAIMING ALL YOUR BENEFITS.**

This notice is to make all Medicare beneficiaries, residing in your state, aware that there are approved plans available in your county that offer **additional benefits**.

If you are not currently claiming all of the benefits that you are entitled to receive and would like to find out how you can start, you need to send this **postage-paid card back today**. The information is at no cost and there is no obligation.

~ Please **DO NOT HESITATE**, the time to claim these additional benefits is limited. ~

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Telephone (to ensure delivery)

You may be contacted by a state licensed representative.  
[ Not affiliated with any government agency ]

MD33.4G99V  
MD33.4G99V]

## MA36G11V

National Average Return

1.6%

**ATTENTION: Medicare Recipients**  
In <<Name\_County>> <<ST>>

000000000001

**Make Sure You Are Claiming All Your Benefits**

For Medicare Recipients in <<Name\_County>> <<ST>>

<<FirstName>> <<LastName>>  
<<Address>>  
<<City>> <<State>> <<Zip>>

This notice is to make all Medicare beneficiaries residing in <<Name\_County>> aware there are Medicare approved plans available in your county that offer **ADDITIONAL BENEFITS** such as:

- Dental
- Vision
- Hearing
- Gym Memberships
- NO or Low Co-Pays for Doctor Visits
- Comprehensive Formularies for prescription drugs

If you are not currently claiming all of these benefits that you are entitled to receive, and would like to find out how you can start, simply complete and return the form below using the enclosed **postage-paid envelope**.

**Information is FREE and there is NO OBLIGATION.**

..... Cut Along Dotted Line and Return Lower Portion .....

Please see that I receive this important information.

Signature \_\_\_\_\_

Are you Medicare Eligible? Yes No

Spouse's Signature \_\_\_\_\_

Is your Spouse Medicare Eligible? Yes No

Telephone (\_\_\_\_) \_\_\_\_\_

000000 000000  
<<FirstName>> <<LastName>>  
<<Address>>  
<<City>> <<ST>>  
<<Zip>>  
<<Name\_County>>

### Medicare Recommendations

Age: 065-078 Income: \$30,000+  
Single Family Dwelling  
Female First

### Turning 65 Recommendations

Exact Age Income: \$30,000+  
Single Family Dwelling  
Female First

Available: Net Worth, Home Value

By providing contact information you are agreeing to be contacted by a licensed agent to discuss Medicare Advantage, Prescription Drug Plans and Medicare Supplement Insurance Plans. This is an advertisement. Medicare has neither reviewed nor endorsed this information. MA36G11V\_EV1.2uG10F



### MT2G99F

National Average Return

1.8%

**65 IS THE MOST IMPORTANT BIRTHDAY OF YOUR LIFE!**

032002000001

**Medicare is not forgiving.**  
If you do not act during your initial enrollment period, you may not qualify or you could find yourself without coverage for a significant period of time.

**Medicare Benefits:**

- \* Guaranteed Acceptance
- \* You Choose the Hospitals & Doctors
- \* Low Premium Options
- \* See Specialists Without Referrals

**~ Act Now: Limited Time to Exercise Your Options!! ~**

For more FREE information, simply complete and return the postage-paid card within 5 days.

Name \_\_\_\_\_ 032002 000001  
\*\*\*\*\*ECRLOT \*\*C-004

Date of Birth \_\_\_\_\_ Jane Doe  
7101 Chase Oaks Blvd  
Plano, TX 75025-5908

Spouse's Date of Birth \_\_\_\_\_  
[ ] - [ ]

Telephone (to ensure delivery) \_\_\_\_\_ MT2G99F  
! Not affiliated with any government agency MT2G99F]

### FE1.26G99V

National Average Return

1.0%

FUNERAL BENEFIT NOTICE  
FOR <<FIRSTNAME>> <<LASTNAME>>

<<FIRSTNAME>>, 000000000000

THE SOCIAL SECURITY ADMINISTRATION ONLY PAYS \$255 TOWARD FUNERAL EXPENSES. APPROVED PROGRAMS ARE AVAILABLE IN YOUR STATE DESIGNED TO PAY WHAT THE GOVERNMENT DOES NOT PAY FOR YOUR FUNERAL EXPENSES. IF YOU QUALIFY, THESE PLANS MAY PAY 100% OF ALL FUNERAL EXPENSES, UP TO \$<<high>> FOR EACH SENIOR COVERED.

AS A UNITED STATES TAXPAYER, IT IS YOUR LEGAL RIGHT TO RECEIVE ALL INFORMATION AVAILABLE TO YOU. COMPLETE AND RETURN THIS REQUEST FORM WITHIN 5 DAYS.

BENEFIT REQUESTED  
[ ]\$<<low>> [ ]\$7,500 [ ]\$10,000 [ ]\$15,000 [ ]\$<<high>>

NO COST OR OBLIGATION

X \_\_\_\_\_  
SIGNATURE

(\_\_\_\_\_) \_\_\_\_\_  
PHONE

AGE \_\_\_\_\_ SPOUSE \_\_\_\_\_

[NOT AFFILIATED WITH ANY GOVERNMENT AGENCY. FE1.26G99V  
FE1.26G99V]

### MT2.2G11S

National Average Return

2.6%

**This is possibly  
The Most Important Birthday  
of your life!!**

**Medicare is not forgiving.**  
If you do not act during your initial enrollment period, you may not qualify or you could find yourself without coverage for a significant period of time.

**Medicare Benefits:**  
Guaranteed Acceptance  
You Choose the Hospitals & Doctors  
See Specialists Without Referrals  
Low Premium Options

**Act Now:  
Limited Time to Exercise Options!!**

For more FREE info  
the attached postage-  
Not affiliated with Medicare

**Congratulations  
on turning 65**

### FE14G99V

National Average Return

1.5%

SENIOR FINAL EXPENSE INFORMATION

<<FIRSTNAME>> <<LASTNAME>>: 000000000000

AN APPROVED SENIOR FINAL EXPENSE PROGRAM IS NOW AVAILABLE IN YOUR COUNTY DESIGNED TO HELP PAY WHAT THE GOVERNMENT DOES NOT PAY FOR YOUR FINAL EXPENSES. AT THE PRESENT, SOCIAL SECURITY ONLY PAYS \$255. IF YOU QUALIFY THESE SENIOR PLANS MAY PAY 100 PERCENT OF ALL FUNERAL EXPENSES NOT PAID BY GOVERNMENT PROGRAMS UP TO \$15,000 FOR EACH SENIOR CITIZEN COVERED. IT IS YOUR LEGAL RIGHT AS A UNITED STATES TAXPAYER TO RECEIVE ALL THE INFORMATION AVAILABLE TO YOU. YOU MUST COMPLETE AND RETURN THIS REQUEST FORM WITHIN 5 DAYS.

Free information provided to you with no obligation.

BENEFIT REQUESTED  
\$2,000 [ ] \$5,000 [ ] \$10,000 [ ] \$15,000 [ ]

X \_\_\_\_\_  
SIGNATURE

AGE \_\_\_\_\_ SPOUSE \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
AREA PHONE

Not affiliated with any government agency FE14G99V

### Final Expense Recommendations

Age: 060-080    Income: \$15k - \$50,000  
Condos            Single Family Dwelling  
Apartments        Trailer Homes  
Female First

Available: Net Worth, Home Value



1680 South Hwy 121 Bldg B  
Lewisville Texas 75067



# ORDER FORM

TO PLACE YOUR ORDER,  
FAX 1.972.420.1900 or CALL 1.800.992.2722

\*Prices as of 09.06.2013 and subject to change without notice. We strive to give our customers impeccable service and quality lead programs; however, we do not guarantee any percentage of response nor can we guarantee income as it is a modeled income.

**Contact Information**

Information on file       New/Updated Information

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Primary Tele:  Office  Mobile \_\_\_\_\_ Birthday: month \_\_\_\_\_ day \_\_\_\_\_

Secondary Tele:  Office  Mobile \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

Mailing Address  Business  Residential

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**INTERNAL USE ONLY**

Date Rec'd: \_\_\_\_\_ ARM Rep: \_\_\_\_\_

Referred by SHS Rep: \_\_\_\_\_

**Delivery**

**MyLeads is our secure digital leads delivery service.** Once your MyLeads account has been activated, we will contact you with a user name and temporary password. **Be sure to check your email spam or Google Promotions folder.**

Email 1: \_\_\_\_\_ Name 1: \_\_\_\_\_

Email 2: \_\_\_\_\_ Name 2: \_\_\_\_\_

**Lead Order Information**

**Special Base Price \$ 420.00** per thousand

Quantity to mail: \_\_\_\_\_ (Min: 1,000)       Enroll me in continuous mailings. Drop every \_\_\_\_\_ (Frequency)

**Program Type (select one):**     MD2.2G99F                       MA36G11V                       FE1.26G99V  
 MD2.15G99F                       MT2.2G11S                       FE14G99V  
 MD33.4G99V                       MT2G99F                       OTHER \_\_\_\_\_

**Demographics**    Age: \_\_\_\_\_    Income: \_\_\_\_\_     Female First

Net Worth: \_\_\_\_\_ (add \$18 per thousand)     Single Family Dwelling     SCAT

Homeowner (add \$5 per thousand)     DOB by Month: \_\_\_\_\_ (add \$10 per thousand)

Other: \_\_\_\_\_     Other: \_\_\_\_\_

Mailing list via email (add \$25 delivery fee). \*\*Ordering a list after the sales order has processed will be charged at \$75.\*\*

Mailing list + telephone numbers where available, via email. (add \$25 per thousand plus \$25 delivery fee)

Here are my **Organization ID:** \_\_\_\_\_ and **SAN:** \_\_\_\_\_

**Notice:** To order telephone numbers, both an Organization ID and Subscription Account Number (**SAN**) are required due to Federal "Do Not Call" Legislation. **Please visit <https://telemarketing.donotcall.gov> to apply for a SAN.**

**Mailing Area**

State: \_\_\_\_\_ List Type (select one):     Zip Code     County

In **ORDER OF PRIORITY**, list Zip Codes or Counties. Zip Code quantity will be exhausted before selecting next on list.

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

7) \_\_\_\_\_ 8) \_\_\_\_\_ 9) \_\_\_\_\_ 10) \_\_\_\_\_ 11) \_\_\_\_\_ 12) \_\_\_\_\_

I understand a disclaimer will be added to meet local requirements: AR, CA, KS, TX, WI.

Insurance License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_



2013

# PAYMENT AUTHORIZATION

1680 South Hwy 121 Bldg B  
Lewisville Texas 75067

TO PLACE YOUR ORDER,  
FAX 1.972.420.1900 or CALL 1.800.992.2722

**PLEASE PRINT IN A CLEAR, DISTINCT MANNER WHEN COMPLETING FORMS  
SO WE MAY EXPEDITE YOUR ORDER IN A TIMELY FASHION. Thank you.**

### CHECK ONLY ONE (1) BOX.

**ONE-TIME PAYMENT**

Order # \_\_\_\_\_ Amount \$ \_\_\_\_\_

**BLANKET PAYMENT AUTHORIZATION**

Yes, I have read and signed the Blanket Payment  
Authorization Only section found below \_\_\_\_\_ (initial here).

**NOTICE:** Direct questions about this form to ARM Accounting.

The one-time payment authorization form shall not be kept on file.  
A new one-time payment authorization form is required per order.

A blanket payment authorization form shall be kept on file in a  
non-digital location until one of the following: the agreement is  
cancelled, the credit card expires or the end of said year;  
at which time the form will be shredded and the account holder will  
be contacted to complete a new authorization for the new year.

Merchant No. 39300980660814ARM9067324150

Account Holder Information


Name of Account Holder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

  
Sign: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Payment Type

BY CHECK (ACH)    ROUTING NO. \_\_\_\_\_  
CHECKING ACCT NO. \_\_\_\_\_ CHECK NO. \_\_\_\_\_

VISA    CREDIT CARD NO. \_\_\_\_\_  
 MASTERCARD (MC)  
 AMERICAN EXPRESS (AMEX)  
 DISCOVER    EXPIRATION DATE \_\_\_\_\_ 3/4 DIGIT CODE \_\_\_\_\_

Blanket Payment Authorization

### Blanket Payment Authorization ONLY (BCCA or BPA)

I, \_\_\_\_\_ (Account Holder's Name), hereby give America's  
Recommended Mailers, Inc (A.R.M.) permission to keep this account information and signature on file for the year 2013.  
This blanket payment authorization will be used for all charges incurred on my customer account during said year. I understand  
this authorization is legal and binding until A.R.M. receives a written notice of cancellation.

Sign: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Additional users of this blanket payment authorization: (First and Last Name)

1: \_\_\_\_\_ 2: \_\_\_\_\_