

MEDICARE PLANNING FOR <FULLNAME> AND <STATENAME> SENIOR CITIZENS!

Whether you're new to Medicare, getting ready to turn 65, or preparing to retire; you'll need to make several important decisions about your health coverage. Make sure you get all Medicare information and benefits that are available to you. There may be new plans available that you should be aware of. If you wait to enroll, you may have to pay a penalty and you may have a gap in coverage.

Don't miss out on what you are eligible to receive. Please check all areas of interest below.

- Understanding all Medicare benefits available Medicare enrollment, turning 65 Medicare planning when working beyond age 65



**For additional information, please mail back this card
and receive a digital "Medicare & You" 2023 Guidebook.**

<Sequen> <Sack and Pa Opt# Endorsement Line Vis>
<FullName>
<Address>
<City> <State> <Zip9>
<IMB>

Name _____

Spouse's Name _____

Phone (_____) _____

(phone # required for proper routing)

Email _____



TBD-MIE-01

<LeadID>

MEDICARE PLANNING

3 Easy Steps...

1. Complete the other side of this card.
2. Return the **completed card** in the Postage-Paid Envelope.
3. Receive the Medicare planning information.

Not affiliated with or endorsed by any government agency. If time permits, an agent may contact you with insurance related information. You will not be charged for this information.

MEDICARE INITIAL ENROLLMENT QUALIFICATION REQUEST CARD

You will soon be in a unique position when you turn 65. You will be in your “Initial Enrollment” period. This is the **ONE time in your life** when you can choose any Medicare Supplement, Part D or take advantage of any new plans **without medical questions**. The right choices can **save you hundreds of dollars** each year. Don't delay, you only have one “Initial Enrollment”. Receive a **complimentary New To Medicare Checklist** to avoid lifetime penalties and fees.

Please provide me with a no-cost review of my benefits on the following insurance plans:

- Medicare Healthcare and Prescription Drug Coverage Life Insurance Coverage

**Return This Card to Receive Important Information
About New 2023 Medicare Changes That Affect You**

Please acknowledge by: <mm/dd/year>

<Sequen> <Sack and Pa Opt# Endorsement Line Vis>
<FullName>
<Address>
<City> <State> <Zip9>
<IMB>

Not affiliated with or endorsed by any state or Federal Government or Medicare program. A licensed representative may contact you.

Name _____

Home Address _____
(street address, no PO boxes, please)

Phone (_____) _____
(please include area code and phone number for prequalification)

DOB _____ Spouse's DOB _____

Spouse's Name _____



MSIE01

<ScanCode>