

**PERSONAL
BUSINESS MAIL**

2018
FORM MA58P

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*If undeliverable as addressed
please refer to section 507.1.4
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SDMI 2018

John Prospect
123 Main Street
Anytown, US 12345-9999

THIS IS AN ADVERTISEMENT FOR PEOPLE ON MEDICARE

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

Please provide:

- Information on the Medicare Advantage and Prescription Drug plans available in my area.
- Information on the Medicare Supplement plans available in my area.
- Information on the Medicare Advantage and Medicare Supplement plans available in my area.

Signature: _____ Spouse's Signature: _____

Are you eligible for Medicare: Yes No Phone Number: (_____) _____

E-Mail: _____

MA58P-DISKD

John Prospect
123 Main Street
Anytown, US 12345-9999

PLEASE VERIFY THE ADDRESS FOR THIS INFORMATION REQUEST.

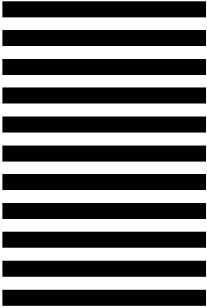
THIS INFORMATION IS NOT AFFILIATED WITH OR ENDORSED BY THE U.S. GOVERNMENT OR THE FEDERAL MEDICARE PROGRAM. REPLYING TO THIS INFORMATION REQUEST AUTHORIZES 'AGENT NAME' A LICENSED INSURANCE REPRESENTATIVE TO CONTACT YOU BY PHONE OR EMAIL.



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NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



ANNUAL ENROLLMENT HEALTHCARE BENEFITS FOR SENIORS

As a Medicare beneficiary you have an Annual Enrollment Period. This means you can choose any Medicare Advantage, Part D Prescription Drug Plan or take advantage of new plans.

The right choices can save you hundreds of dollars each year. Take advantage of this free review of your healthcare benefits and information about programs with little or no premium cost.

Please verify the address. By returning this card, you agree that you may be contacted or called by <Agent/Agency> about a solicitation of insurance to answer your questions or provide additional information about Medicare Advantage, Part D or Medicare supplement insurance plans.