

2018 MEDICARE SUPPLEMENT COMPARISON SCHEDULE

PERSONAL BUSINESS MAIL FORM MS62P

PRESORTED
FIRST CLASS
US POSTAGE
PAID
DETROIT, MI
PERMIT 2621

POSTMASTER:

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

MS 2018

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 # *Needed for Delivery		E-MAIL			
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			
MS62P-DISKD ©		1234-01			



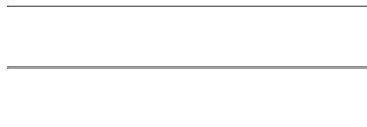
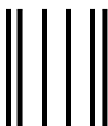
DALLAS, TX 75379-9783
PO BOX 797157
DISTRIBUTION CENTER



POSTAGE WILL BE PAID BY ADDRESSEE

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

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.