

**PERSONAL  
BUSINESS MAIL**

**2018**  
FORM MS74P

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.*

*SDMI 2018*

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.



Please provide information on my "Open Enrollment" choices.

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





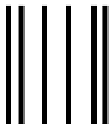
DALLAS, TX 75379-9783  
PO BOX 797157  
DISTRIBUTION CENTER

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



# OPEN ENROLLMENT INQUIRY CARD

You will soon be in your **“Open Enrollment”** period which means you can choose any Medicare Supplement carrier without medical questions.

***You only have ONE Open Enrollment period***

**Return attached card about your benefit choices**

Making an informed choice during your Open Enrollment could possibly **save hundreds of dollars each year**. For more information on the choices and benefits available, return the attached postage paid inquiry card today.