

2015

MEDICARE SUPPLEMENT COMPARISON REPORT NOW AVAILABLE



Private Business Mail

Address goes here
Address numbers
Address state info



PLEASE PRINT CLEARLY TO ENSURE ACCURACY OF YOUR REPORT

LAST		FIRST	SPOUSE'S NAME
STREET ADDRESS		CITY	STATE
ZIP	PHONE with Area Code (_____) _____ - _____		

EMAIL

	(Month) _____ (Day) _____ (Year) _____
	(Month) _____ (Day) _____ (Year) _____
	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Yes <input type="checkbox"/> No

CONFIDENTIAL



BUSINESS REPLY MAIL

This is an address
This line will have numbers
So will this one
Stop reading this



Medicare Supplement Comparison Report

NOTE:

1. [Redacted]
2. [Redacted]
3. [Redacted]

Please respond within 5 business days to receive
your price comparison report.