



MEDICARE ADVANTAGE PRE-AEP

8.5 x 11" | S-D-5

<<YEAR>> MEDICARE HEALTH PLAN UPDATE

RETURN REPLY ENCLOSED



PLEASE ACKNOWLEDGE BY: DATE

*****AUTO**MIXED AADC 75197 T1 P1

PROSPECT NAME
PROSPECT ADDRESS
CITY, ST ZIP



S-D-5

REQUEST FOR INFORMATION

Please see that I receive all the <<YEAR>> Medicare benefits for which I am eligible including **Dental, Vision, Hearing, Gym membership, and any new benefits available <<YEAR>>**.

Name: _____ Spouse Name: _____

Phone: Home: (____) _____ Cell: (____) _____

Email: _____

PROSPECT NAME
PROSPECT ADDRESS
CITY, ST ZIP



Keycode 9pt

Verify Address -- Complete and mail today!

Date of Birth and Spouse Date of Birth included in barcode when available.

Message: <<YEAR>> Medicare Health Plan Update

You may not be getting all the Medicare benefits and information for which you are eligible. There may be new plans for <<YEAR>> that you should be aware of.

You may be missing out on what you are eligible to receive in <<YEAR>>.

Complete and return the attached free card to find out if you currently receive all the benefits for which you are eligible.

Including Dental, Vision, Hearing, and Gym Membership Benefits!

There is no obligation and all the information is FREE!

Not affiliated with any government agency. An agent may contact you. Insurance related solicitation.

<<YEAR>>
Healthcare
Plan
Update

TARGETED DEMOGRAPHICS

***3-4% Response** | Ages 65-80 | Income \$0-75k

*Response rates vary by state

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RESULTS | GUARANTEED