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↑ Detach Here and Mail Today or ↓

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For your *free brochure*, "*New Retirement Changes and Benefits*"
mail this postage paid reply card today.

Signature: _____ Spouse's: _____

Date of Birth: ____/____/____ Date of Birth: ____/____/____

*Phone Number: (____) _____

**NEEDED FOR DELIVERY*

E-Mail: _____

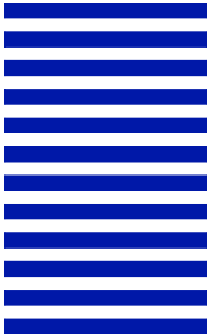
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NEW RETIREMENT CHANGES AND BENEFITS

Legislation has been passed by Congress which changes your retirement benefits.

A new brochure, "**New Retirement Changes and Benefits**" is now available. The information includes explanations of retirement changes and benefits.

For your **free copy** of the new brochure please mail the attached postage paid reply card today.

New
Retirement
Changes
and
Benefits



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Please provide free information for **"State"** residents regarding
final expense benefits.

Signature: _____ Spouse's: _____

Date of Birth: ____/____/____ Date of Birth: ____/____/____

*Phone Number: (____) _____

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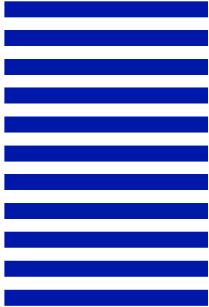
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2017 BENEFIT INFORMATION FOR "STATE" RESIDENTS

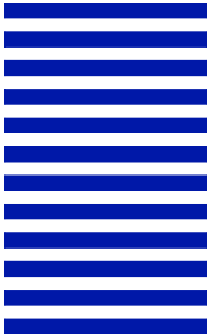
You may qualify for a state-regulated program to pay for your final expenses **regardless of your medical condition** even if you have been turned down before.

It is important you know how to qualify for this benefit available to you. This benefit may **pay for 100% of all final expenses** up to **\$15,000.00**. This payment is tax-free for "State" residents.

You are entitled to receive this **free information** as a resident of "State". Please return the attached postage-paid card today.



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NEW GOVERNMENT CHANGES AND BENEFITS FOR SENIORS

Senior benefit legislation has been passed by Congress which changes your benefits.

A new brochure, "**New Government Changes and Benefits for Seniors**" is now available. It includes information on government final expense benefits that many people are not aware they qualify for.

For your **free copy** of the new brochure please mail the attached postage paid reply card today.



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For your *free brochure*, "*New Government Changes and Benefits
for Seniors*" mail this postage paid reply card today.

Signature: _____ Spouse's: _____

Date of Birth: ____/____/____ Date of Birth: ____/____/____

*Phone Number: (____) _____

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For your *free* brochure, "New Changes in Government Healthcare
Benefits" mail this postage paid reply card today.

Signature: _____ Spouse's: _____

Date of Birth: ____/____/____ Date of Birth: ____/____/____

*Phone Number: (____) _____

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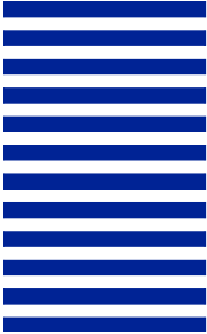




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**GOVERNMENT HEALTHCARE BENEFITS:
New Changes for 2017
For Americans Turning Age 65**

New legislation has been passed by Congress which changes benefits.

A new brochure, *“New Changes in Government Healthcare Benefits”* is now available. The information includes explanations of Medicare changes and benefits.

For your *free copy* of the new brochure please mail the attached postage paid reply card today.



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Please provide the complimentary ***“Senior Benefits: Decision Check
List As You Turn 65.”***

Signature: _____ Spouse's: _____

Date of Birth: ____/____/____ Date of Birth: ____/____/____

*Phone Number: (____) _____

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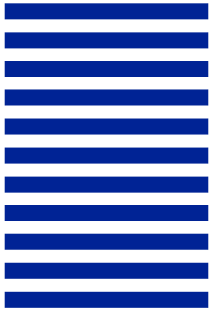
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Senior Benefits:

"Decision Check List As You Turn 65"

If you are about to turn age 65 you can easily understand and review the Medicare and Senior Benefits to which you are entitled.

The **"Senior Benefits: Decision Check List As You Turn 65"** will help you prepare for and request your benefits in a timely manner.

Return the attached postage paid card today for your **free check list.**



2017 MEDICARE SUPPLEMENT COMPARISON SCHEDULE FOR AMERICANS TURNING AGE 65

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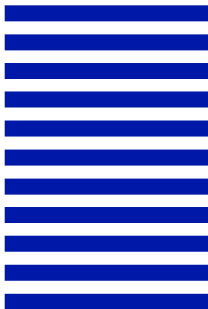
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▼ **IMPORTANT** - COMPLETE & RETURN THIS POSTAGE-FREE REQUEST CARD TODAY ▼ -

REGISTERED DOCUMENT:			
LAST	FIRST	SPOUSE'S NAME	
STREET ADDRESS		CITY	STATE ZIP CODE
AREA CODE - *PHONE #		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		



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MEDICARE SUPPLEMENT COMPARISON SCHEDULE FOR AMERICANS TURNING AGE 65

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.

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Please provide information on my ***“Open Enrollment”*** choices.

Signature: _____ Spouse's: _____

Date of Birth: ____/____/____ Date of Birth: ____/____/____

*Phone Number: (____) _____

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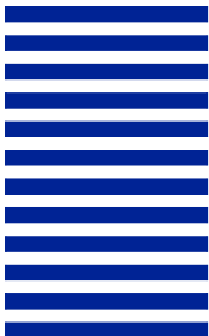




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OPEN ENROLLMENT INQUIRY CARD FOR AMERICANS TURNING AGE 65

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.

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THIS IS AN ADVERTISEMENT FOR PEOPLE ON MEDICARE AND MEDICAID.

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YES. Please provide qualification information on insurance coverage benefits for Medicare and Medicaid recipients.

Name: _____ Spouse: _____

Signature: _____ Signature: _____

Are you eligible for Medicare: Yes No Is your spouse eligible for Medicare: Yes No

Phone Number: (_____) _____

E-Mail: _____

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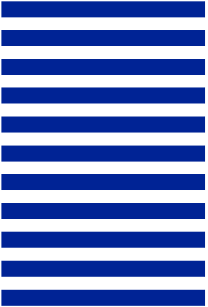




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MEDICARE AND MEDICAID RECIPIENTS Insurance Coverage Benefits

If you are eligible for both Medicare and Medicaid there are government programs available to you *to help pay for Dental, Vision and Hearing benefits.*

Your acceptance for the insurance protection is guaranteed. **These programs are available to you at no charge and can be changed at any time.**

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

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. YOU MAY BE CONTACTED BY A LICENSED INSURANCE REPRESENTATIVE.

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YES

Please see that I receive the **FREE Trust Dictionary**
including information on ***How to Avoid Probate and
Eliminate Estate Taxes.***

Signature: _____ Spouse's: _____

Date of Birth: ____/____/____ Date of Birth: ____/____/____

*Phone Number: (____) _____

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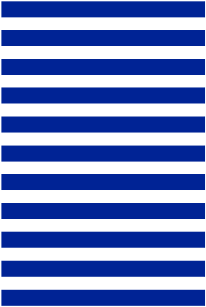




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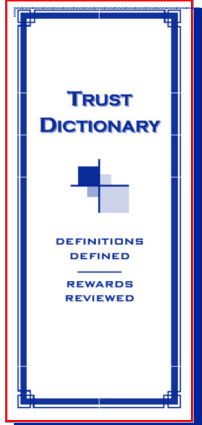
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TRUST DICTIONARY

The *free, new Trust dictionary* explains in easy-to-understand language the different Trusts and how they benefit you.

Trusts are now used to protect the privacy and **avoid taxes** for millions of American households.

For your **free Trust Dictionary** including information on how to *avoid probate and eliminate estate taxes*, return the attached postage paid request form today.



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Please provide the free brochure, **"Improved Pension Benefit For Veterans"** and information on how to qualify for non-service connected benefits for Veterans or surviving spouses.

Signature: _____ Spouse's: _____

Date of Birth: _____ / _____ / _____ Date of Birth: _____ / _____ / _____

*Phone Number: (_____) _____

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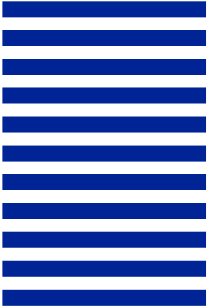




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2017 VETERAN BENEFIT INFORMATION

You may qualify for non-service connected benefits. The **"Improved Pension"** with **"At-Home Attendance"** is a special government program available to eligible veterans.

Veterans and surviving spouses may be eligible. Benefits up to approximately **\$2,127.00 per month** may be available if you qualify. This benefit is **tax free**.

INFORMATION PROVIDED ONLY ON REQUEST

To receive the **free Veteran benefit information brochure** and to see if you qualify, please return the attached postage paid reply card today.



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Please provide the **2017 Guide To Tax Free Inheritance**
on how to avoid federal income tax on inheritance transfers.
There is no charge for this free consumer guide.

Signature: _____ *Phone: (____) _____

Date of Birth: ____/____/____ Spouse: ____/____/____

Email: _____

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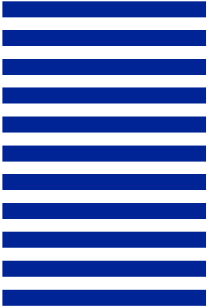




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2017 TAX FREE INHERITANCE INFORMATION

You may qualify to offset federal tax on inheritance transfers. Guaranteed benefits can transfer assets to the next generation and *offset 100% of your income tax* by repositioning existing assets.

CDs, annuities, and equities do not generally pass tax free or reduce the cost of probate.

To receive the *“2017 Guide to Tax Free Inheritance”* on how to transfer assets to your heirs or your charity *100% federal income tax free*, please return the attached postage paid reply card today.

