

Letter Number: **CDMD85BK**

**Medicare Supplement**

**Mr. John Sample  
123 Main Street  
Anytown, US 12345-1234**

**IMPORTANT INFORMATION ABOUT NEW BENEFITS IN MEDICARE**

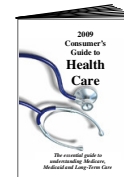
*To the Addressed Medicare Recipient:*

The cost of healthcare continues to increase at a rapid rate. You need to be aware of how recent legislation passed by congress affects you **and your Medicare benefits.**

**There Is No Gray Area...You Need to Be *Fully Informed* on What Medicare Does and Does NOT Cover**

**It is very important that you know about these new benefits.** To receive more **FREE** information, please **return this postage paid card TODAY!**

*P.S....You will also receive a **FREE** copy of the new **Consumer's Guide to Health Care.***



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Rec#

Your Name: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Spouse's Age: \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

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