

2020

MEDICARE HEALTH PLANS EVALUATION CENTER FOR AMERICANS TURNING AGE 65

PERSONAL BUSINESS MAIL FORM SP12C

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE
PAID
KANSAS CITY, MO

POSTMASTER:

*If undeliverable as addressed
please refer to section 5.7.1.4
of the official DMM.*

MS2018

**REGISTERED DOCUMENT -
DO NOT DISCARD**

MO

Detach Here And Mail Today or
For Privacy Fold Card and Tape With Return Address Facing Out.

— IMPORTANT —

COMPLETE & RETURN THIS POSTAGE-FREE REQUEST CARD TODAY

**REGISTERED
DOCUMENT:**

LAST [REDACTED]		FIRST [REDACTED]	
STREET ADDRESS [REDACTED]		CITY [REDACTED]	STATE MO
ZIP CODE [REDACTED]		[REDACTED]	
AREA CODE - PHONE # *NEEDED FOR DELIVERY () -		Have you received your red, white and blue Medicare Card? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, we will help!	
		Do you have Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	