

T-2**MEDICARE SAVINGS PROGRAM****2022**

Do you qualify to have your Medicare Part B premium paid for by the state?? **If you do qualify, you will receive your \$170.10 back into your Social Security check.** Do you qualify for the Extra Help Program with your prescription drugs from SS? Do you qualify for Medicaid or have you been receiving all the extra benefits such as Dental, Vision, Hearing, Transportation and FREE over the counter Health Products? **Return this inquiry card today. This is a FREE service to you, PLEASE READ.**

☐ **YES, I would like to find out if I qualify for any or all of the benefits listed above.**

Please Respond By [REDACTED] **2022**

[REDACTED]
[REDACTED]
[REDACTED]

Complete and return the information below:

NAME	AGE
SPOUSE'S NAME	AGE
STREET ADDRESS (No PO boxes)	
PHONE (With Area Code) () -	
Not affiliated with or endorsed by any government agency.	

[REDACTED]

To opt out of future mailings please [REDACTED] and enter this 9 digit code [REDACTED]