

★ ★ ★ **MEDICARE SAVINGS PROGRAM** ★ ★ ★

**Do you qualify** to have your Medicare Part B premium paid for by the state??

**If you do qualify, you will receive \$170.10 back into your Social Security check.**

Do you qualify for 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.

Name: [REDACTED]

Age: [REDACTED]

Phone: [REDACTED]

Spouse's Name: [REDACTED]

Age: [REDACTED]

[REDACTED] PA [REDACTED]  
[REDACTED]  
32  
259  
This is a solicitation for insurance and by mailing this card I understand that I may be contacted by a licensed representative.