

## IMPORTANT BENEFIT INFORMATION FOR SENIORS

Dear Senior Citizen,

We are pleased to announce a senior final expense life insurance program to help pay what the Government Lump Sum Death Benefit\* does not pay for your final expenses. At present, that benefit is limited to \$255\*, if you qualify. **This program may pay 100% of all funeral expenses not paid by the Government Lump Sum Death Benefit, up to \$25,000 for each person covered.** To see if you qualify, mail this postage paid card; you will not be charged for this information!

**Check benefit requested: ( ) 5,000 ( ) 10,000 ( ) 25,000**

{FIRST-NAME} {LAST-NAME}  
{ADDRESS}  
{CITY}, {STATE} {ZIPCODE}-{ZIP+4}



Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Please verify address

Not affiliated with or endorsed by any government program. \* According to Social Security Administration Rules & Regulations 404.390

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|||||||

Name \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Spouse's Name \_\_\_\_\_  
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Rev: 01-08-D2B Not affiliated with or endorsed by any government program. \* According to Social Security Administration Rules & Regulations 404.390  
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Dear Senior Citizen,

We are pleased to announce a new senior final expense life insurance program now available in your state. Thousands of seniors nationwide have already taken advantage of this program which has an immediate death benefit, and pays up to \$25,000 for each senior citizen covered. These senior plans were designed to help pay those expenses NOT PAID by government funeral plans. Currently, you may qualify even if you have a health condition! To see if you qualify, mail this postage paid card today! You will not be charged for this information!

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{FIRST-NAME} {LAST-NAME}  
{ADDRESS}  
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|||||

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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{ADDRESS}  
{CITY}, {STATE} {ZIPCODE}-{ZIP+4}

|||||  
# # # # #  
|||||

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Phone: \_\_\_\_\_

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



# SENIOR FINAL EXPENSE INFORMATION

AN APPROVED FINAL EXPENSE LIFE INSURANCE PROGRAM IS AVAILABLE IN **Your State** DESIGNED TO HELP PAY WHAT SOCIAL SECURITY DOES NOT PAY FOR YOUR FINAL EXPENSES. AT THE PRESENT, SOCIAL SECURITY ONLY PAYS \$255,\* IF YOU QUALIFY. THESE PLANS MAY PAY 100 PERCENT OF ALL FUNERAL EXPENSES NOT PAID BY SOCIAL SECURITY UP TO \$15,000 FOR EACH SENIOR CITIZEN COVERED. YOU MUST COMPLETE AND RETURN THIS REQUEST FORM WITHIN 5 DAYS.

BENEFIT REQUESTED  
\$2,000 [ ]      \$5,000 [ ]      \$10,000 [ ]      \$15,000 [ ]  
NO COST OR OBLIGATION

x \_\_\_\_\_  
SIGNATURE

AGE \_\_\_\_\_ SPOUSE \_\_\_\_\_

(       ) \_\_\_\_\_

AREA

PHONE

Not affiliated with or endorsed by any government program. \* Social Security Rules And Regulations 404.390. Underwritten by Settlers Life Insurance Company.