



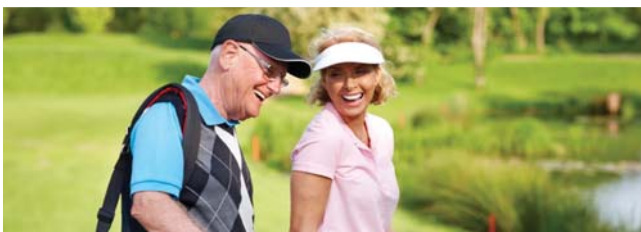
Lead Catalog

Helping you grow your **business**

 (800) 689-2800
www.smsteam.net

What We Do

From beginning to end, we handle everything for you, so you can focus on selling! We've worked hard to develop a system from start to finish that is not only easy to use, but straight forward and effective. Our expert account management and guidance will help you achieve the results you need to reach your goals.



Insurance Leads

Medicare Supplement
Medicare Advantage
Final Expense
Annuity
Mortgage Protection
Combo Mailers
Spanish Language



Seminar Mailings

Wedding Style
Postcard
Reservation Service



Easy-to-Use,
highly effective
turnkey lead
generation
system that gets you in
front of pre-qualified
prospects.



Agent Recruiting

Custom Recruiting Pieces
Agent Lists



Key Services

Fresh Leads, Exclusive to You
60-Day Territory Protection
Fresh data pulled by State, Zip,
County, Age for each mailing



Develop your Marketing Plan, Think Big Picture

Determine how many leads you need each month to achieve your monthly and annual sales goals.

Select the Message

Select the message that best fits your selling style. We have a number of proven messages just for you.



Who to Target

We will work with you to determine the best list of prospects to use for your selected program.



Mailing Campaign Starts

We take care of the details, from fulfillment to distributing the leads to you or your agents quickly so you can close the deals.





seniormarketing
specialists

(800) 689-2800

MD2G99F

IMPORTANT:
PROJECTED MEDICARE CHANGES

000000000000

<<Full Name>>,

Proposed cuts to existing government programs include a significant reduction in the federal Medicare program, resulting in an increase in premiums and fees that you must pay... and a decrease in some benefits.

This new cutback in the federal Medicare program means that you will become responsible for an even greater portion of your health care expenses... Expenses that were previously paid by Medicare.

For more information about these changes and how they will personally affect you and your present health care coverage, simply complete and return this postage paid card today. There will be no cost or obligation for this information.

X _____
SIGNATURE

AGE _____ SPOUSE AGE _____
() _____
AREA PHONE _____

Sample 9 T1 P1
*****ECRLOT **C-004
Mr John Doe
7101 Chase Oaks Blvd
Plano, TX 75025-5908
[Barcode]

MD2G99F
[NOT AFFILIATED WITH MEDICARE OR ANY GOVERNMENT AGENCY. MD2G99F]

MD2.2G99F

IMPORTANT:
PROJECTED MEDICARE CHANGES

000000000000

PROPOSED CUTS TO EXISTING GOVERNMENT PROGRAMS INCLUDE A SIGNIFICANT REDUCTION IN THE FEDERAL MEDICARE PROGRAM, WHICH MAY RESULT IN AN INCREASE IN PREMIUMS AND FEES THAT YOU MUST PAY ... AND A DECREASE IN SOME BENEFITS.

THIS NEW CUTBACK IN THE FEDERAL MEDICARE PROGRAM MEANS THAT YOU WILL BECOME RESPONSIBLE FOR AN EVEN GREATER PORTION OF YOUR HEALTH CARE EXPENSES ... EXPENSES THAT WERE PREVIOUSLY PAID BY MEDICARE.

FOR MORE INFORMATION ABOUT THESE CHANGES AND HOW THEY WILL PERSONALLY AFFECT YOU AND YOUR PRESENT HEALTH CARE COVERAGE, SIMPLY COMPLETE AND RETURN THIS POSTAGE PAID CARD TODAY. THERE WILL BE NO COST OR OBLIGATION FOR THIS INFORMATION.

ALSO, DESIGNED FOR LIMITED INCOME FAMILIES OR FIXED INCOME SENIORS, A PLAN IS AVAILABLE TO HELP PAY ANY FINAL EXPENSE DEBTS THAT SOCIAL SECURITY DOES NOT PAY.

X _____
SIGNATURE

AGE _____ SPOUSE AGE _____
() _____
AREA PHONE _____

Sample 9 T1 P1
*****ECRLOT **C-004
Mr John Doe
7101 Chase Oaks Blvd
Plano, TX 75025-5908
[Barcode]

COMBO

MD2.2G99F
[NOT AFFILIATED WITH MEDICARE OR ANY GOVERNMENT AGENCY. MD2.2G99F]

MD44G99V

ATTENTION: MEDICARE RECIPIENTS
IN <<NAME_COUNTY>>, <<STATE>>

000000000000

ADDITIONAL BENEFITS ARE NOW AVAILABLE IN YOUR AREA.

This notice is to make all Medicare beneficiaries, residing in your state, aware that there are approved plans available in your county that offer **additional benefits**.

If you are not currently claiming all of the benefits that you are entitled to receive and would like to find out how you can start, you need to send this **postage-paid card back today**. The information is at no cost and there is no obligation.

~ Please DO NOT HESITATE, the time to claim these additional benefits is limited. ~

Name _____
Date of Birth _____
Spouse's Name _____
Date of Birth _____
() _____
Telephone (to ensure delivery) _____

Sample 9 T1 P1
*****ECRLOT **C-004
Mr John Doe
7101 Chase Oaks Blvd
Plano, TX 75025-5908
[Barcode]

MD44G99V
[Not affiliated with any government agency MD44G99V]

MD48G99F

MEDICARE SUPPLEMENT UPDATE

000000000000

Every year several Medicare Supplement insurers increase their rates. Some seniors may see an increase of up to 30% on Medicare Supplement coverage.

There is now a plan available to supplement your Medicare coverage at a lower rate, for residents over 65 years of age, policies A - G are available.

Return this card to see if you qualify for premium savings from \$200 - \$500 per year.

X _____
SIGNATURE

AGE _____ SPOUSE AGE _____
() _____
AREA PHONE _____

Sample 9 T1 P1
*****ECRLOT **C-004
Mr John Doe
7101 Chase Oaks Blvd
Plano, TX 75025-5908
[Barcode]

MD48G99F
[Not affiliated with any government agency MD48G99F]



We have chosen some of our
most responsive direct mail
pieces especially for you...

FE25.3G99F

GOVERNMENT FUNDS AVAILABLE
FOR FINAL EXPENSES

000000000000

The government has made funds available for final expenses. Also available in your state, is a program designed to pay what the government funds do not pay for your final expenses. If you qualify, this program can pay 100% of all funeral and final expenses for each person covered.

Get FREE information about this program. Simply complete this no-postage-required card and return it within 5 days.

X
SIGNATURE _____

AGE _____ SPOUSE AGE _____

(AREA) _____ PHONE _____

[NOT AFFILIATED WITH ANY GOVERNMENT AGENCY]

Samp 9 T1 P1
*****ECRLOT **C-004
Mr John Doe
7101 Chase Oaks Blvd
Plano, TX 75025-5908
[Barcode]

FE25.3G99F
FE25.3G99F]

FE25.6G99F

GOVERNMENT FUNDS AVAILABLE
FOR FINAL EXPENSES

000000000000

The government has made funds available for final expenses. Also, there is a state regulated insurance program to help pay what the government funds do not cover for final expenses. If you qualify, this program can pay 100% of all funeral and final expenses for each person covered.

Get FREE information about this program. Simply complete this no-postage-required card and return it within 5 days.

X
SIGNATURE _____

AGE _____ SPOUSE AGE _____

(AREA) _____ PHONE _____

[NOT AFFILIATED WITH ANY GOVERNMENT AGENCY]

Samp 9 T1 P1
*****ECRLOT **C-004
Mr John Doe
7101 Chase Oaks Blvd
Plano, TX 75025-5908
[Barcode]

FE25.6G99F
FE25.6G99F]

MT2G99F

65 IS THE MOST IMPORTANT
BIRTHDAY OF YOUR LIFE!

000000000000

Medicare is not forgiving.
If you do not act during your initial enrollment period, you may not qualify or you could find yourself without coverage for a significant period of time.

Medicare Benefits:
* Guaranteed Acceptance * You Choose the Hospitals & Doctors
* Low Premium Options * See Specialists Without Referrals

~ Act Now: Limited Time to Exercise Your Options!! ~

For more FREE information, simply complete and return the postage-paid card within 5 days.

Name _____

Date of Birth _____

Spouse's Date of Birth _____

() _____

Telephone (to ensure delivery) _____

[Not affiliated with any government agency]

Samp 9 T1 P1
*****ECRLOT **C-004
Mr John Doe
7101 Chase Oaks Blvd
Plano, TX 75025-5908
[Barcode]

MT2G99F
MT2G99F]

MT8G99F

ATTENTION:
FUTURE MEDICARE BENEFICIARIES

000000000000

Our records indicate that you are turning 65 in the next 12 months and may need an affordable Medicare Supplement Policy. We can provide a list of companies in your area with the most affordable rates.

You can receive a comparison that outlines the companies, plans, and costs in your area. This may help you or a friend. In addition, you will be provided with a discount prescription drug card at no cost. We will also provide you with information on the new Medicare Part D plan now available to help pay for prescription drugs.

Please fill out the reply section and return this postage-paid card today.

X
SIGNATURE _____

AGE _____ SPOUSE AGE _____

(AREA) _____ PHONE _____

[NOT AFFILIATED WITH ANY GOVERNMENT AGENCY]

Samp 9 T1 P1
*****ECRLOT **C-004
Mr John Doe
7101 Chase Oaks Blvd
Plano, TX 75025-5908
[Barcode]

MT8G99F
MT8G99F]



SENIOR MARKETING SPECIALISTS

ORDER FORM

TO PLACE YOUR ORDER FAX 1-573-875-2778

*Prices as of 12-1-2015 and subject to change without notice. We strive to give our customers impeccable service and quality lead programs; however, we do not guarantee any percentage of response nor can we guarantee income as it is an estimated income.

INTERNAL USE ONLY

Date Received: _____

Marketer Name: _____ Email: _____

Sell To

Name: _____ Company Name: _____ Birthday: MM ____ DD ____

Primary Tele: ☐ Office ☐ Mobile _____ Secondary Tele: ☐ Office ☐ Mobile _____

Fax: _____ Email: _____ Web Site: _____

Mailing Address ☐ Business ☐ Residential

Street: _____ City: _____ State: _____ Zip: _____

Shipping

Secure digital leads delivery service. Once activated, you will be contacted with a user name and temporary password.

Be sure to check your email spam and/or promotional folders.

Recipient Name: _____ Email: _____

Program + Demographics

SMS Base Price \$ 440.00 per thousand

Quantity to mail: _____ (Min: 1,000) ☐ **Enroll me in continuous mailings.** Drop every _____ (Frequency)

Program Type (select one):

☐ **MD2G99F** Medicare☐ **MD48G99F** Medicare☐ **MT2G99F** Turning 65☐ **MD2.2G99F** Medicare/Final Expense☐ **FE25.3G99F** Final Expense☐ **MT8G99F** Turning 65☐ **MD44G99V** Medicare☐ **FE25.6G99F** Final Expense

Demographics (select one grouping):

☐ **MEDICARE, MD COMBO, MT Recommended:**Age: 065-075 Income: \$30,000+ Single Family Dwelling ☐ **DOB by Month:** _____ (add \$5 per thousand)☐ **FINAL EXPENSE Recommended:**

Age: 060-080 Income: \$15,000 - \$50,000 Single Family Dwelling, Condos, Apartments, Trailers

☐ **Custom:**Age: _____ Income: _____ ☐ Single Family Dwelling☐ Homeowner (add \$5 per thous) ☐ **DOB by Month:** _____ (add \$5 per thous) ☐ **Other:** _____

Notice: To order telephone numbers, a Subscription Account Number (**SAN**) is required due to Federal "Do Not Call" Legislation.

Please visit <https://telemarketing.donotcall.gov> to apply for a SAN.

☐ Yes, I would like to order a full mailing list emailed to me, including telephone numbers where available. (Add \$25 per thousand)

Here are my **Organization ID:** _____ and **SAN:** _____

Mailing Area

State: _____ List Type (select one): ☐ Zip Code ☐ County

In **ORDER OF PRIORITY**, list Zip Codes or Counties. Zip Code quantity will be exhausted before selecting next on list.

1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____

7) _____ 8) _____ 9) _____ 10) _____ 11) _____ 12) _____

☐ I understand a disclaimer will be added to meet local requirements: AR, CA, KS, TX, WI.

Insurance License Number: _____ Issuing State: _____