

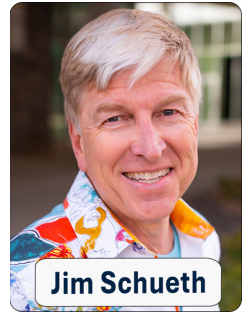
SAVING SENIORS MONEY

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Get your FREE Medicare.Gov Part D prescription report!

Medicare Annual Enrollment is: Oct 15th - Dec 7th

Full name: _____ Address label →
(Stick here)

Phone #: _____ Current Pharmacy? _____

Current **DRUG PLAN** name? _____ Monthly Plan Premium? _____

We can email your report! Email Address: _____

Check spam for: teven@ssmforms.com, savingseniorsmoney@outlook.com, or JimSchueth@gmail.com

Print prescriptions below. Generics will be used unless you write 'brand only'.

No prescriptions - write NONE! Use new page for more than 8. Report will be sent after Oct 15th. We compare your plan with top plans.

- | | | |
|----------|--------------|---------------------|
| 1) _____ | dosage _____ | pills per day _____ |
| 2) _____ | dosage _____ | pills per day _____ |
| 3) _____ | dosage _____ | pills per day _____ |
| 4) _____ | dosage _____ | pills per day _____ |
| 5) _____ | dosage _____ | pills per day _____ |
| 6) _____ | dosage _____ | pills per day _____ |
| 7) _____ | dosage _____ | pills per day _____ |
| 8) _____ | dosage _____ | pills per day _____ |

This service is strictly informational to assist you in reviewing your plan options. Part D plan enrollments must be completed by you.
Instructions for enrollment will be included with your results. For a complete list of available plans and official assistance, visit
medicare.gov or call 1-800-633-4227