



Dear Applicant,

Thank you for the opportunity to assist you in selecting a quality United American Medicare Supplement insurance policy. United American has been selling Medicare Supplements since Medicare began in 1966, and we have a long and proud history assisting Seniors.

Enclosed is your application, materials required with your application, and other optional enrollment materials if applicable. I have checked the forms that should be in your packet and highlighted or tabbed where you should sign. **Please review the application and other forms that require your signature for accuracy before you sign. Please sign in black ink only.** Contact me at the number below if anything is not correct or if you have questions on any of the enclosed materials.

SIGN AND RETURN

- Medicare Supplement Application
- Bank Draft Authorization with premium payment or voided check
- One copy of Replacement Form
- Termination/disenrollment letter from Medicare Advantage insurer
- Sole Proprietor Form
- Reserve Fund Annuity Enrollment Form

KEEP FOR YOUR RECORDS

- Outline of Coverage
- Medicare Buyers Guide (A Guide to Health Insurance for People with Medicare)
- ProCare Medicare Supplement Brochure
- One copy of Replacement Form (if applicable)
- Reserve Fund Annuity Brochure

Selected Plan(s): _____

Monthly payment: \$ _____

If you selected payment by bank draft, \$ _____ will be drafted each month on _____ from your checking account.

A stamped/metered/prepaid, addressed envelope is included for your convenience to mail the application and other materials to me. Again, thank you for this opportunity to serve you. I look forward to United American being your Medicare Supplement provider for many years to come.

Sincerely,