

SERFF Tracking Number: UHLC-128282824 State: Arkansas  
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number:  
 Company Tracking Number: CA25215ST  
 TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010  
 Plans 2010  
 Product Name: GROUP MEDICARE SUPPLEMENT  
 Project Name/Number: ADVERTISING/CA25215ST

## Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: GROUP MEDICARE SUPPLEMENT SERFF Tr Num: UHLC-128282824 State: Arkansas

TOI: MS08G Group Medicare Supplement - Standard Plans 2010 SERFF Status: Closed-Filed-Closed State Tr Num:

Sub-TOI: MS08G.001 Plan A 2010

Co Tr Num: CA25215ST

State Status: Filed-Closed

Filing Type: Advertisement

Reviewer(s): Stephanie Fowler

Authors: Michelle Ambach, Wanda Augustus, Tammy Frederick, Bobbie Walton, Lisa Muhammad

Disposition Date: 04/19/2012

Date Submitted: 04/19/2012

Disposition Status: Filed-Closed

Implementation Date:

Implementation Date Requested:

State Filing Description:

## General Information

Project Name: ADVERTISING

Status of Filing in Domicile: Not Filed

Project Number: CA25215ST

Date Approved in Domicile:

Requested Filing Mode: File & Use

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Association

Overall Rate Impact:

Filing Status Changed: 04/19/2012

State Status Changed: 04/19/2012

Deemer Date:

Created By: Michelle Ambach

Submitted By: Lisa Muhammad

Corresponding Filing Tracking Number: CA25215ST

Filing Description:

Submitted for your review is advertising for use in connection with the AARP group health insurance plans. The enclosed advertising is new and does not replace any previously submitted advertisement. The material included within this filing is an Invitation to Inquire.

State Narrative:

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 Plans 2010  
 Product Name: GROUP MEDICARE SUPPLEMENT  
 Project Name/Number: ADVERTISING/CA25215ST

## Company and Contact

### Filing Contact Information

Susan Cipollo, Director Susan\_J\_Cipollo@uhc.com  
 680 Blair Mill Rd. 215-902-8444 [Phone]  
 Horsham, PA 19044 215-902-8813 [FAX]

### Filing Company Information

UnitedHealthcare Insurance Company CoCode: 79413 State of Domicile: Connecticut  
 185 Asylum Street Group Code: 707 Company Type: Life and Health  
 Hartford, CT 06103 Group Name: State ID Number:  
 (860) 702-5000 ext. [Phone] FEIN Number: 36-2739571  
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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$350.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 X 7 = \$350.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$350.00	04/19/2012	58169478

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Product Name: GROUP MEDICARE SUPPLEMENT  
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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	04/19/2012	04/19/2012

*SERFF Tracking Number:* UHLC-128282824      *State:* Arkansas  
*Filing Company:* UnitedHealthcare Insurance Company      *State Tracking Number:*  
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*TOI:* MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010  
Plans 2010  
*Product Name:* GROUP MEDICARE SUPPLEMENT  
*Project Name/Number:* ADVERTISING/CA25215ST

## **Disposition**

Disposition Date: 04/19/2012

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UHLC-128282824 State: Arkansas  
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Schedule	Schedule Item	Schedule Item Status	Public Access
<b>Supporting Document</b>	SOV	Filed-Closed	Yes
<b>Form</b>	POSTCARD	Filed-Closed	Yes
<b>Form</b>	POSTCARD	Filed-Closed	Yes
<b>Form</b>	POSTCARD	Filed-Closed	Yes
<b>Form</b>	POSTCARD	Filed-Closed	Yes
<b>Form</b>	POSTCARD	Filed-Closed	Yes
<b>Form</b>	POSTCARD	Filed-Closed	Yes
<b>Form</b>	POSTCARD	Filed-Closed	Yes

SERFF Tracking Number: UHLC-128282824 State: Arkansas  
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 Product Name: GROUP MEDICARE SUPPLEMENT  
 Project Name/Number: ADVERTISING/CA25215ST

## Form Schedule

### Lead Form Number: CA25215ST

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed-Closed 04/19/2012	CA25215S	Advertising	POSTCARD	Initial		45.000	CA25215ST.pdf
Filed-Closed 04/19/2012	CA25216S	Advertising	POSTCARD	Initial		45.000	CA25216ST.pdf
Filed-Closed 04/19/2012	CA25217S	Advertising	POSTCARD	Initial		45.000	CA25217ST.pdf
Filed-Closed 04/19/2012	CA25218S	Advertising	POSTCARD	Initial		45.000	CA25218ST.pdf
Filed-Closed 04/19/2012	CA25219S	Advertising	POSTCARD	Initial		45.000	CA25219ST.pdf
Filed-Closed 04/19/2012	CA25220S	Advertising	POSTCARD	Initial		45.000	CA25220ST.pdf
Filed-Closed 04/19/2012	CA25221S	Advertising	POSTCARD	Initial		45.000	CA25221ST.pdf



Join the [3 million] members who chose a standardized AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare)!<sup>1</sup>

**Call to attend an upcoming meeting  
or talk one-on-one!**

**[Agent/Producer Name]**

 **[1-XXX-XXX-XXXX]**

Licensed insurance agent/producer contracted  
with UnitedHealthcare

[agent@email.comxxxxxxxxxxxxxxxxxxxxxx]

CA25215ST

**[MonthXXX 00, 2012]**

[00:00 - 00:00] [a.m. / p.m.]

[LocationNameToGoHereXXX]

[AddressToGoHereXXX]

[Cityxxxxxxxxxxxxxx, State, Zip]

[Part D prescription drug [and Medicare Advantage]  
plans may be discussed.]



**Medicare Supplement Plans**

insured by **UnitedHealthcare**

**Insurance Company**

<Agent/Producer Address> • <City>, <ST> <ZIP>

Get the coverage you need at a competitive price.



## A UnitedHealthcare® Medicare Solution

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<sup>1</sup> [www.UHCMedSupStats.com](http://www.UHCMedSupStats.com)

AARP endorses the AARP Medicare Supplement Insurance Plans, insured by UnitedHealthcare Insurance Company. UnitedHealthcare Insurance Company pays royalty fees to AARP for the use of its intellectual property. These fees are used for the general purposes of AARP. AARP and its affiliates are not insurers.

AARP does not employ or endorse agents, brokers or producers.

Insured by UnitedHealthcare Insurance Company, Horsham, PA (UnitedHealthcare Insurance Company of New York, Islandia, NY for New York residents). Policy form No. GRP 79171 GPS-1 (G-36000-4). In some states plans may be available to persons eligible for Medicare by reason of disability.

**Not connected with or endorsed by the U.S. Government or the federal Medicare program.**

**This is a solicitation of insurance. A licensed insurance agent/producer may contact you.**

Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

<Recipient Name>  
<Recipient Address>  
<Recipient City>, <State> <Zip>



You've worked hard to  
build your savings.

Having a standardized Medicare  
supplement insurance plan is one way  
to stay ahead of health care costs.

**AARP**® | Medicare Supplement Plans  
insured by **UnitedHealthcare  
Insurance Company**

**Call to attend an upcoming meeting  
or talk one-on-one!**

**[Agent/Producer Namexxxxx]**

 **[1-XXX-XXX-XXXX]**

Licensed insurance agent/producer contracted with  
UnitedHealthcare Insurance Company (UnitedHealthcare)  
[agent@email.comxxxxxxxxxxxxxxxxxxxxx]

**[MonthXXX 00, 2012]**

[00:00 - 00:00] [a.m. / p.m.]

[LocationNameToGoHereXXX]

[AddressToGoHereXXXXXXXXXX]

[Cityxxxxxxxxxxxxxx, State, Zip]

[Part D prescription drug [and Medicare Advantage]  
plans may be discussed.]

<Agent/Producer Address> • <City>, <ST> <ZIP>

## Find out if an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare, meets your needs.



### A UnitedHealthcare® Medicare Solution

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Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

<Recipient Name>

<Recipient Address>

<Recipient City>, <State> <Zip>

# There are many standardized Medicare supplement insurance plans to choose from.

Consider the only one that carries the AARP® name.



**AARP**® | Medicare Supplement Plans  
insured by **UnitedHealthcare**  
**Insurance Company**

**Call to attend an upcoming meeting  
or talk one-on-one!**

**[Agent/Producer Name]**

**[1-XXX-XXX-XXXX]**

Licensed insurance agent/producer contracted  
with UnitedHealthcare Insurance Company (UnitedHealthcare)

[agent@email.comxxxxxxxxxxxxxxxxxxxxxx]

**[MonthXXX 00, 2012]**

[00:00 - 00:00] [a.m. / p.m.]

[LocationNameToGoHereXXX]

[AddressToGoHereXXXXXXXXXX]

[Cityxxxxxxxxxxxxxxxx, State, Zip]

[Part D prescription drug [and Medicare  
Advantage] plans may be discussed.]

<Agent/Producer Address> • <City>, <ST> <ZIP>

**Get helpful information and understand your options.**



## A UnitedHealthcare® Medicare Solution

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Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

<Recipient Name>  
<Recipient Address>  
<Recipient City>, <State> <Zip>

**You can't plan for unexpected medical costs.**

**But having a standardized supplemental health insurance plan may help you be better prepared.**



**AARP**® | Medicare Supplement Plans  
insured by **UnitedHealthcare**  
Insurance Company

**Call to attend an upcoming meeting  
or talk one-on-one!**

**[Agent/Producer Name]**

 **[1-XXX-XXX-XXXX]**

Licensed insurance agent/producer contracted  
with UnitedHealthcare Insurance Company (UnitedHealthcare)

[agent@email.comxxxxxxxxxxxxxxxxxxxx]

**[MonthXXX 00, 2012]**

[00:00 - 00:00] [a.m. / p.m.]

[LocationNameToGoHereXXX]

[AddressToGoHereXXXXXXXXXX]

[Cityxxxxxxxxxxxxxxxx, State, Zip]

[Part D prescription drug [and Medicare Advantage] plans may be discussed.]

<Agent/Producer> • <City>, <ST> <ZIP>

## An AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare, may be the right choice for you.



### A UnitedHealthcare® Medicare Solution

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**This is a solicitation of insurance. A licensed insurance agent/producer may contact you.**

Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

<Recipient Name>

<Recipient Address>

<Recipient City>, <State> <Zip>

# Ever wondered if there was anyone who could help you make sense of your Medicare options?

There is. Me.

Here's why you may want to consider  
an AARP® Medicare Supplement Insurance  
Plan, insured by UnitedHealthcare Insurance  
Company (UnitedHealthcare):

- With any standardized Medicare supplement insurance plan,  
you may see any doctor who accepts Medicare patients.
- Each plan is competitively priced.
- A choice of plans is available to meet your needs.

**Call to attend an upcoming meeting or talk one-on-one!**

**[Agent/Producer Name]**

 **[1-XXX-XXX-XXXX]**

Licensed insurance agent/producer contracted  
with UnitedHealthcare

[agent@email.comxxxxxxxxxxxxxxxxxxxxxx]

**[MonthXXX 00, 2012]**  
[00:00 - 00:00] [a.m. / p.m.]  
[LocationNameToGoHereXXX]  
[AddressToGoHereXXXXXXXXX]  
[Cityxxxxxxxxxxxxxxxx, State, Zip]

[Part D prescription drug [and Medicare Advantage]  
plans may be discussed.]

**AARP®** | Medicare Supplement Plans  
insured by **UnitedHealthcare  
Insurance Company**

<Agent/Producer Address> • <City>, <ST> <ZIP>



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Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

<Recipient Name>

<Recipient Address>

<Recipient City>, <State> <Zip>

# There are many benefits to having a Medicare supplement insurance plan.

## And I just happen to know what they are.

**Here's why you may want to consider an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare):**

- With any standardized Medicare supplement insurance plan, you may see any doctor who accepts Medicare patients.
- Each plan is competitively priced.
- A choice is available to meet your needs.

**Call to attend an upcoming meeting or talk one-on-one!**

**[Agent/Producer Name]**

 **[1-XXX-XXX-XXXX]**

Licensed insurance agent/producer contracted with UnitedHealthcare

[agent@email.comxxxxxxxxxxxxxxxxxxxxxx]

**[MonthXXX 00, 2012]**  
[00:00 - 00:00] [a.m. / p.m.]  
[LocationNameToGoHereXXX]  
[AddressToGoHereXXXXXXXXX]  
[Cityxxxxxxxxxxxxxxxx, State, Zip]

[Part D prescription drug [and Medicare Advantage] plans may be discussed.]

 **Medicare Supplement Plans**  
insured by **UnitedHealthcare Insurance Company**

<Agent/Producer Address> • <City>, <ST> <ZIP>



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**This is a solicitation of insurance. A licensed insurance agent/producer may contact you.**

Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

<Recipient Name>

<Recipient Address>

<Recipient City>, <State> <Zip>

**You may want to ask yourself if you should have a Medicare supplement insurance plan.**

**Better yet, you should ask me.**

**Here's why you may want to consider an AARP® Medicare Supplement Insurance Plan, insured by UnitedHealthcare Insurance Company (UnitedHealthcare):**

- With any standardized Medicare supplement insurance plan, you may see any doctor who accepts Medicare patients.
- Each plan is competitively priced.
- An array of plans is available to meet your needs.

**Call to attend an upcoming meeting or talk one-on-one!**

**[Agent/Producer Name]**

 **[1-XXX-XXX-XXXX]**

Licensed insurance agent/producer contracted with UnitedHealthcare

[agent@email.comxxxxxxxxxxxxxxxxxxxxxx]

**[MonthXXX 00, 2012]**  
**[00:00 - 00:00] [a.m. / p.m.]**  
**[LocationNameToGoHereXXX]**  
**[AddressToGoHereXXXXXXXXXX]**  
**[Cityxxxxxxxxxxxxxxxx, State, Zip]**

[Part D prescription drug [and Medicare Advantage] plans may be discussed.]

 **Medicare Supplement Plans**  
insured by **UnitedHealthcare Insurance Company**

<Agent/Producer Address> • <City>, <ST> <ZIP>



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**This is a solicitation of insurance. A licensed insurance agent/producer may contact you.**

Call to receive complete information including benefits, costs, eligibility requirements, exclusions and limitations.

<Recipient Name>

<Recipient Address>

<Recipient City>, <State> <Zip>

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Filing Company: UnitedHealthcare Insurance Company State Tracking Number:  
Company Tracking Number: CA25215ST  
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Plans 2010  
Product Name: GROUP MEDICARE SUPPLEMENT  
Project Name/Number: ADVERTISING/CA25215ST

## Supporting Document Schedules

	Item Status:	Status
<b>Satisfied - Item:</b> SOV	Filed-Closed	<b>Date:</b> 04/19/2012
<b>Comments:</b>		
<b>Attachment:</b>		
Meeting Lead-Gen PC SOV.pdf		

## STATEMENT OF VARIABILITY

Postcard: CA25215ST

Variable Information	Description
<p><i>Front – Top:</i></p> <p>[3 million]</p>	<p>Current number of members could change.</p>
<p><i>Front – Left Side:</i></p> <p>[Agent/Producer Name] [1-XXX-XXX-XXXX] [agent@email.comxxxxxxxxxxxxxxxxxxxx]</p>	<p>Each agent will include his/her name, business phone number, and email address.</p>
<p><i>Front – Right Side:</i></p> <p>[MonthXXX 00, 2012] [00:00 – 00:00] [a.m. / p.m] [LocationNameToGoHereXXX] [AddressToGoHereXXXXXXXX] [Cityxxxxxxxxxxxxx, State, Zip]</p> <p>[Part D prescription drug [and Medicare Advantage] plans may be discussed.]</p>	<p>Will include date, time, location, and address of each agent's meeting.</p> <p>Part D prescription drug and Medicare Advantage plans may not be discussed at each meeting.</p>
<p><i>Back – Top Left Side:</i></p> <p>&lt;Agent/Producer Address&gt; &lt;City&gt;, &lt;ST&gt;, &lt;ZIP&gt;</p>	<p>Each agent will include his/her address.</p>
<p><i>Back – Right Side (Address Area):</i></p> <p>&lt;Recipient Name&gt; &lt;Recipient Address&gt; &lt;Recipient City&gt;, &lt;State&gt;, &lt;Zip&gt;</p>	<p>The name and address of the individual to whom we are mailing this postcard</p>

Postcard: CA25216ST

Variable Information	Description
<p><i>Front – Left Side:</i></p> <p>[Agent/Producer Name] [1-XXX-XXX-XXXX] [agent@email.comxxxxxxxxxxxxxxxxxxxx]</p>	<p>Each agent will include his/her name, business phone number, and email address.</p>

<p><i>Front – Right Side:</i></p> <p>[MonthXXX 00, 2012]  [00:00 – 00:00] [a.m. / p.m.]  [LocationNameToGoHereXXX]  [AddressToGoHereXXXXXXXX]  [Cityxxxxxxxxxxxxx, State, Zip]</p> <p>[Part D prescription drug [and Medicare Advantage] plans may be discussed.]</p>	<p>Will include date, time, location, and address of each agent’s meeting.</p> <p>Part D prescription drug and Medicare Advantage plans may not be discussed at each meeting.</p>
<p><i>Back – Top Left Side:</i></p> <p>&lt;Agent/Producer Address&gt;  &lt;City&gt;, &lt;ST&gt;, &lt;ZIP&gt;</p>	<p>Each agent will include his/her address.</p>
<p><i>Back – Right Side (Address Area):</i></p> <p>&lt;Recipient Name&gt;  &lt;Recipient Address&gt;  &lt;Recipient City&gt;, &lt;State&gt;, &lt;Zip&gt;</p>	<p>The name and address of the individual to whom we are mailing this postcard</p>

**Postcard: CA25217ST**

Variable Information	Description
<p><i>Front – Left Side:</i></p> <p>[Agent/Producer Name]  [1-XXX-XXX-XXXX]  [agent@email.comxxxxxxxxxxxxxxxxxxxx]</p>	<p>Each agent will include his/her name, business phone number, and email address.</p>
<p><i>Front – Right Side:</i></p> <p>[MonthXXX 00, 2012]  [00:00 – 00:00] [a.m. / p.m.]  [LocationNameToGoHereXXX]  [AddressToGoHereXXXXXXXX]  [Cityxxxxxxxxxxxxx, State, Zip]</p> <p>[Part D prescription drug [and Medicare Advantage] plans may be discussed.]</p>	<p>Will include date, time, location, and address of each agent’s meeting.</p> <p>Part D prescription drug and Medicare Advantage plans may not be discussed at each meeting.</p>
<p><i>Back – Top Left Side:</i></p> <p>&lt;Agent/Producer Address&gt;  &lt;City&gt;, &lt;ST&gt;, &lt;ZIP&gt;</p>	<p>Each agent will include his/her address.</p>

<p><i>Back – Right Side (Address Area):</i></p> <p>&lt;Recipient Name&gt;          &lt;Recipient Address&gt;          &lt;Recipient City&gt;, &lt;State&gt;, &lt;Zip&gt;</p>	<p>The name and address of the individual to whom we are mailing this postcard</p>
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**Postcard: CA25218ST**

Variable Information	Description
<p><i>Front – Left Side:</i></p> <p>[Agent/Producer Name]            [1-XXX-XXX-XXXX]            [agent@email.comxxxxxxxxxxxxxxxxxxxx]</p>	<p>Each agent will include his/her name, business phone number, and email address.</p>
<p><i>Front – Right Side:</i></p> <p>[MonthXXX 00, 2012]            [00:00 – 00:00] [a.m. / p.m.]            [LocationNameToGoHereXXX]            [AddressToGoHereXXXXXXXX]            [Cityxxxxxxxxxxxx, State, Zip]</p> <p>[Part D prescription drug [and Medicare Advantage] plans may be discussed.]</p>	<p>Will include date, time, location, and address of each agent's meeting.</p> <p>Part D prescription drug and Medicare Advantage plans may not be discussed at each meeting.</p>
<p><i>Back – Top Left Side:</i></p> <p>&lt;Agent/Producer Address&gt;            &lt;City&gt;, &lt;ST&gt;, &lt;ZIP&gt;</p>	<p>Each agent will include his/her address.</p>
<p><i>Back – Right Side (Address Area):</i></p> <p>&lt;Recipient Name&gt;            &lt;Recipient Address&gt;            &lt;Recipient City&gt;, &lt;State&gt;, &lt;Zip&gt;</p>	<p>The name and address of the individual to whom we are mailing this postcard</p>

**Postcard: CA25219ST**

Variable Information	Description
<p><i>Front – Left Side:</i></p> <p>[Agent/Producer Name]            [1-XXX-XXX-XXXX]            [agent@email.comxxxxxxxxxxxxxxxxxxxx]</p>	<p>Each agent will include his/her name, business phone number, and email address.</p>

<p><i>Front – Right Side:</i></p> <p>[MonthXXX 00, 2012]  [00:00 – 00:00] [a.m. / p.m.]  [LocationNameToGoHereXXX]  [AddressToGoHereXXXXXXX]  [Cityxxxxxxxxxxxxx, State, Zip]</p> <p>[Part D prescription drug [and Medicare Advantage] plans may be discussed.]</p>	<p>Will include date, time, location, and address of each agent’s meeting.</p> <p>Part D prescription drug and Medicare Advantage plans may not be discussed at each meeting.</p>
<p><i>Back – Top Left Side:</i></p> <p>&lt;Agent/Producer Address&gt;  &lt;City&gt;, &lt;ST&gt;, &lt;ZIP&gt;</p>	<p>Each agent will include his/her address.</p>
<p><i>Back – Right Side (Address Area):</i></p> <p>&lt;Recipient Name&gt;  &lt;Recipient Address&gt;  &lt;Recipient City&gt;, &lt;State&gt;, &lt;Zip&gt;</p>	<p>The name and address of the individual to whom we are mailing this postcard</p>

**Postcard: CA25220ST**

Variable Information	Description
<p><i>Front – Left Side:</i></p> <p>[Agent/Producer Name]  [1-XXX-XXX-XXXX]  [agent@email.comxxxxxxxxxxxxxxxxxxxx]</p>	<p>Each agent will include his/her name, business phone number, and email address.</p>
<p><i>Front – Right Side:</i></p> <p>[MonthXXX 00, 2012]  [00:00 – 00:00] [a.m. / p.m.]  [LocationNameToGoHereXXX]  [AddressToGoHereXXXXXXX]  [Cityxxxxxxxxxxxxx, State, Zip]</p> <p>[Part D prescription drug [and Medicare Advantage] plans may be discussed.]</p>	<p>Will include date, time, location, and address of each agent’s meeting.</p> <p>Part D prescription drug and Medicare Advantage plans may not be discussed at each meeting.</p>
<p><i>Back – Top Left Side:</i></p> <p>&lt;Agent/Producer Address&gt;  &lt;City&gt;, &lt;ST&gt;, &lt;ZIP&gt;</p>	<p>Each agent will include his/her address.</p>

<p><i>Back – Right Side (Address Area):</i></p> <p>&lt;Recipient Name&gt;          &lt;Recipient Address&gt;          &lt;Recipient City&gt;, &lt;State&gt;, &lt;Zip&gt;</p>	<p>The name and address of the individual to whom we are mailing this postcard</p>
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**Postcard: CA25221ST**

Variable Information	Description
<p><i>Front – Left Side:</i></p> <p>[Agent/Producer Name]            [1-XXX-XXX-XXXX]            [agent@email.comxxxxxxxxxxxxxxxxxxxx]</p>	<p>Each agent will include his/her name, business phone number, and email address.</p>
<p><i>Front – Right Side:</i></p> <p>[MonthXXX 00, 2012]            [00:00 – 00:00] [a.m. / p.m.]            [LocationNameToGoHereXXX]            [AddressToGoHereXXXXXXXX]            [Cityxxxxxxxxxxxxx, State, Zip]</p> <p>[Part D prescription drug [and Medicare Advantage] plans may be discussed.]</p>	<p>Will include date, time, location, and address of each agent’s meeting.</p> <p>Part D prescription drug and Medicare Advantage plans may or may not be discussed at each meeting.</p>
<p><i>Back – Top Left Side:</i></p> <p>&lt;Agent/Producer Address&gt;            &lt;City&gt;, &lt;ST&gt;, &lt;ZIP&gt;</p>	<p>Each agent will include his/her address.</p>
<p><i>Back – Right Side (Address Area):</i></p> <p>&lt;Recipient Name&gt;            &lt;Recipient Address&gt;            &lt;Recipient City&gt;, &lt;State&gt;, &lt;Zip&gt;</p>	<p>The name and address of the individual to whom we are mailing this postcard</p>