

**PERSONAL  
BUSINESS MAIL**

**2014**  
FORM FM0812

PRESORTED  
FIRST CLASS  
US POSTAGE  
PAID  
DALLAS, TX  
PERMIT 6045

**POSTMASTER:**

*If undeliverable as addressed  
please refer to section 507.1.4  
of the official DMM.*

*SDMI 2014*



John Prospect  
123 Main Street  
Anytown, US 12345-9999



↑ Detach Here And Mail Today or ↑  
For Privacy Fold Card and Tape With Return Address Facing Out.



Please provide free information for Florida residents regarding  
final expense benefits.

Signature: \_\_\_\_\_ Spouse's: \_\_\_\_\_

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

\*Phone Number: (\_\_\_\_) \_\_\_\_\_

*\*NEEDED FOR DELIVERY*

E-Mail: \_\_\_\_\_

*PLEASE PRINT CLEARLY*

John Prospect  
123 Main Street  
Anytown, US 12345-9999

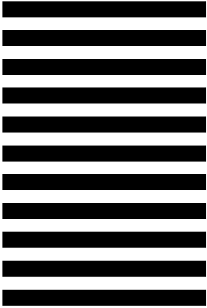




DALLAS TX 75379-9783  
PO BOX 797157  
DISTRIBUTION CENTER

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL  
FIRST-CLASS MAIL PERMIT NO. 78073 DALLAS TX



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



## 2014 BENEFIT INFORMATION FOR FLORIDA RESIDENTS

You may qualify for a state-regulated program to pay for your final expenses **regardless of your medical condition** even if you have been turned down before.

It is important you know how to qualify for this benefit available to you. This benefit may **pay for 100% of all final expenses** up to \$25,000.00. This payment is tax-free for Florida residents.

You are entitled to receive this **free information** as a resident of Florida. Please return the attached postage-paid card today.

# NEW BENEFIT UPDATE

## FOR RESIDENTS ONLY



This is a personal announcement for all residents ages 55-80.

You may now apply for a NEW state-regulated life insurance program to pay the costs of your Final Expenses for just pennies a day. REGARDLESS OF YOUR HEALTH OR MEDICAL CONDITION, EVEN IF YOU HAVE BEEN TURNED DOWN BEFORE.

Return this postage-paid card today, and you will receive the latest information on how this Special Program will pay up to **100% of your funeral and burial expenses** that will not be covered by government funds; up to \$50,000 (TAX FREE) for each resident covered by this program.

It is VERY IMPORTANT THAT YOU KNOW all of the benefits available to you. To receive your complete, NO-COST information on this newly-approved plan DESIGNATED FOR RESIDENTS, return this postage-paid card TODAY.

**IMPORTANT - RESIDENTS ALSO QUALIFY TO RECEIVE A FREE PRESCRIPTION DISCOUNT CARD**

To see if you qualify,

**MAIL THIS POSTAGE-PAID CARD TODAY**  
and receive your vital, personalized information.

All residents ages 55-80 may apply for this NEW program regardless of their health or medical condition.

**For more information, fill out the postage-paid card below and drop it in the mail**

IMPORTANT - PLEASE VERIFY ADDRESS ON CARD BELOW  
Not connected with or endorsed by the US Government or any state agency.  
A licensed agent may contact you. Lic #OH45163.

UWFESPV100

Don't delay. Complete this postage-paid card, and drop it in the mail. Requests will be processed in the order received.

YES! Please send me the FREE information on the NEW, state-regulated life insurance program designed for the 55-80 year old residents of .

JOHN Q SAMPLE  
123 ANYWHERE ST  
INDIANAPOLIS IN 46203-4610



\* X X 0 1 9 9 9 9 9 9 9 \*

NAME \_\_\_\_\_ AGE \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
DAYTIME PHONE

SIGNATURE \_\_\_\_\_

Note: Area Code and Phone Number needed to insure proper information routing.

**Detach  
Here  
And  
Mail Today!**

UWFESPV100

FUNERAL BENEFIT NOTICE  
FOR <<FIRSTNAME>> <<LASTNAME>>

<<FIRSTNAME>>,

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THE SOCIAL SECURITY ADMINISTRATION ONLY PAYS \$255 TOWARD FUNERAL EXPENSES. APPROVED PROGRAMS ARE AVAILABLE IN YOUR STATE DESIGNED TO PAY WHAT THE GOVERNMENT DOES NOT PAY FOR YOUR FUNERAL EXPENSES. IF YOU QUALIFY, THESE PLANS MAY PAY 100% OF ALL FUNERAL EXPENSES, UP TO \$15,000 FOR EACH SENIOR COVERED.

AS A UNITED STATES TAXPAYER, IT IS YOUR LEGAL RIGHT TO RECEIVE ALL INFORMATION AVAILABLE TO YOU. 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

(\_\_\_\_\_) \_\_\_\_\_  
PHONE

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



**IntelOne**  
FINANCIAL PARTNERS

[NOT AFFILIATED WITH ANY GOVERNMENT AGENCY.]

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