

PERSONAL 2018
BUSINESS MAIL FORM MEDT652018NOTICE

POSTMASTER: If undeliverable as addressed,
please refer to section 507.1.4 of the official USPS DMM

Presorted
First Class Mail
Postage Paid
Brockton, MA
Permit No. 84

Important 2018 Medicare Benefits Notice For Massachusetts Residents Turning 65

IMMEDIATE ACTION REQUIRED TO AVOID PENALTIES

REGISTERED DOCUMENT
T65-SEP-2018
DO NOT DISCARD
DOCUMENT DISTRIBUTION CODES
State: Massachusetts
County: Middlesex
Route: 1074



Stow, MA 01775-1074
5321



Detach Here And Mail Within 5 (FIVE) Days. For Immediate Service Call 800-679-5003.

2018 Medicare Benefits Review Mail Request Form (Form 18MBRMRF)

Please complete the form below. By completing and returning this form, you hereby acknowledge and understand a STATE LICENSED MEDICARE INSURANCE Agent will contact you to provide a review.

Signature: _____ Date: _____

Spouse's Full Name: _____

Your Age: _____ Your Spouse's Age: _____ *Phone _____

Email: _____

*** PHONE IS REQUIRED!! PLEASE PRINT CLEARLY!**

THIS SECTION FOR OFFICIAL USE ONLY PLEASE DO NOT WRITE IN THIS SECTION

USPS OFFICIAL REGISTRY DATA FIELD

Middlesex County
Stow, MA 01775-1074

MAIL BATCH CODE
CFG181081-201805

T65DOB CODE
19530900