

EMAIL TEMPLATE

#1

Response to Website Form Inquiry

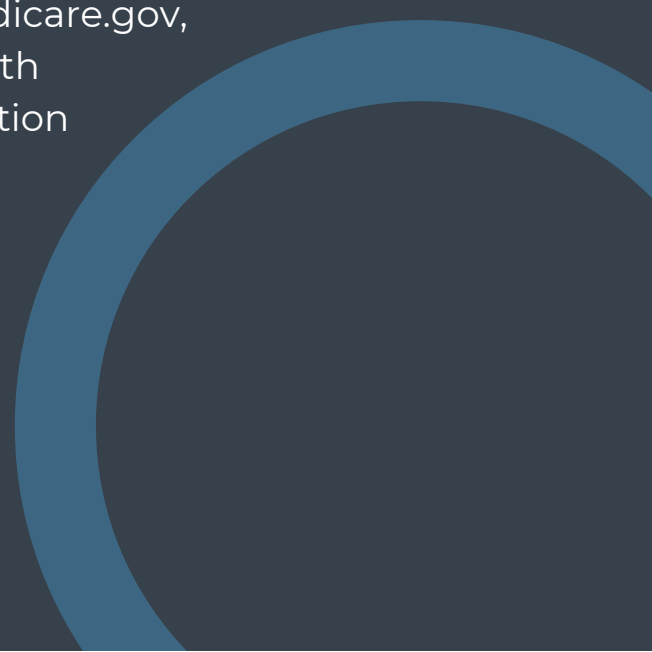
Dear [Customer],

Thank you for your interest in working with me! I am committed to helping my clients get the most out of their insurance plans.

I offer a free consultation to all potential clients. If you're interested, click on the button below to book a complimentary meeting on my calendar. When I receive your booking, I'll send you confirmation of our appointment time and date. Thank you, and I look forward to hearing from you!

We do not offer every plan available in your area. Currently we represent [number] organizations which offer [number] products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.

Thank you!
[Your Name]
[Your Title]



EMAIL TEMPLATE

#2

Request for Referral

Dear [Customer],


I appreciate your business and want to help your friends and family get the most out of their insurance plans.

If you know of anyone who could use my services, please feel free to share my information with them and encourage them to schedule a free consultation with me.

In addition, I'm always available for any questions or concerns you have. Don't hesitate to contact me by phone or email and I'll get back to you as soon as possible.

We do not offer every plan available in your area. Currently we represent [number] organizations which offer [number] products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.

Thank you!
[Your Name]
[Your Title]



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#3

Important Dates Reminder *[Not for distribution before October 1]*

Dear [Customer],

Thank you so much for your continued trust in me as your insurance agent. The annual enrollment period is approaching and I wanted to send you a reminder of some important dates!

The Enrollment period begins October 15 and you'll be able to make some changes to meet your ongoing needs. You'll have until December 7 to make any changes, and I'm happy to help with a free consultation.

- You'll be able to join a new Medicare Advantage Plan or Part D Prescription Drug Plan
- Switch from Original Medicare to a Medicare Advantage Plan
- Switch from a Medicare Advantage Plan to original Medicare

Please give me a call to schedule an appointment. I look forward to hearing from you!

We do not offer every plan available in your area. Currently we represent [number] organizations which offer [number] products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.

Thank you!
[Your Name]
[Your Title]