

Refundable Coverage

Please fill out this card and return to us before leaving.
Thank you!



Now that you understand the need for supplemental insurance, all that's left to cover is:

- **How do the benefits work?**
- **Cost for me and my family?**
- **How does the money back work?**

Those questions depend on you and your desired level of coverage. The next step is simple and only takes a few minutes.

Name: _____ Cell phone#: _____

Address: _____

Email: _____ Single, single parent or married: _____

Your age as of today: _____

Best time to catch up for 10 more minutes: _____

Please check areas of most interest

- Cancer Heart/Stroke Accident Intensive Care

Our mission is to help provide financial protection and peace of mind for families when the unexpected occurs.