MAIL CAMPAIGNS

8.5 X 11" **INCLUDES ALL CANA SURVEYS**

FREE WALMART GIFT CARD

This survey is conducted by an independent marketing firm on behalf of:

Midwest Senior Services

We would like to offer you a **FREE Walmart Gift Card** for participating in our survey.



No purchase required.

SAMPLE

1) What is your age?
❑ Under 55 ❑ 56-70 ❑ 71-80 ❑ 80 or older
2) Do you own a life insurance policy? ❑ Yes ❑ No If yes, what type of policy?
❑ Term Life ❑ Whole Life ❑ Universal Life ❑ Don't know
3) Would you consider your current health to be: ❑ Excellent ❑ Very Good ❑ Good ❑ Poor
4) Would you be interested in receiving information about a life insurance plan that costs just pennies per day and that you can qualify for regardless of your health conditions? ❑ Yes ❑ No
5) Are you currently: ❑ Employed full-time ❑ Employed part-time ❑ Disabled ❑ Retired
6) Do you have a plan that pays for dental expenses? ❑ Yes ❑ No
7) Do you have insurance to protect you and your family from critical illness (cancer, heart attack, and stroke) expenses? ❑ Yes ❑ No
8) Please check boxes for any insurance services you are interested in receiving information about:
❑ Term Life Insurance ❑ Whole Life Insurance ❑ Dental Coverage
❑ Final Expense Insurance ❑ Grandchild Insurance ❑ Veterans Burial Benefits
❑ Critical Illness Coverage (cancer, heart attack, stroke)

Please complete ALL information below and return in enclosed envelope to get your FREE gift card.



As a thank you for taking time to answer our survey, we would like you to have a complimentary Walmart Gift Card.

Offer is good for 30 days. Please allow 4-6 weeks for gift card to be delivered.

❑ **YES, Please provide me my Walmart Gift Card.**

I understand that the gift card will be delivered to me and that I must complete all questions and information below in order to receive my gift card.

(Please Print Clearly)

Name:_____

Spouse's Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Best time to call:_____

#101- Walmart Final Expense Survey
Cost - $650 per 1,000 mailed
(effective March 10, 2025)

TARGET RESPONSE RATE:
3.0%
30 LEADS PER 1,000 MAILED

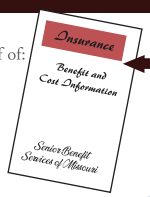
MAIL CAMPAIGNS

8.5 X 11" INCLUDES ALL CANA SURVEYS

FREE WALMART GIFT CARD

This survey is conducted by an independent marketing firm on behalf of:

Senior Benefit Services of Missouri



Request This Receive That



Allow us to provide you benefit and cost information for any of the insurance services in question #8 and we will provide you a **FREE Walmart Gift Card.**

No purchase required.

1) What is your age?
❑ Under 55 ❑ 56-70 ❑ 71-80 ❑ 81 or older

2) Do you own a life insurance policy? ❑ Yes ❑ No If yes, what type of policy?
❑ Term Life ❑ Whole Life ❑ Universal Life ❑ Don't know

3) Would you consider your current health to be: ❑ Excellent ❑ Very Good ❑ Good ❑ Poor

4) Would you be interested in receiving information about a life insurance plan that costs just pennies per day and that you can qualify for regardless of your health conditions? ❑ Yes ❑ No

5) Are you currently: ❑ Employed full-time ❑ Employed part-time ❑ Disabled ❑ Retired

6) Do you have a plan that pays for dental expenses? ❑ Yes ❑ No

7) Do you have insurance to protect you and your family from critical illness (cancer, heart attack, and stroke) expenses? ❑ Yes ❑ No

8) Please check boxes for any insurance services you are interested in receiving benefit & cost information:
❑ Term Life Insurance ❑ Whole Life Insurance ❑ Dental Coverage
❑ Final Expense Insurance ❑ Grandchild Insurance ❑ Medicare Supplements
❑ Critical Illness Coverage (cancer, heart attack, stroke) ❑ CDs/Annuities

SAMPLE



Receive Walmart gift card for receiving information on any of these products.



Offer is good for 30 days.
Please allow 4-6 weeks for gift card to be delivered.

❑ **YES, Please provide me my Walmart Gift Card.**

I understand that the gift card will be delivered to me along with benefit and cost information for any of the insurance services I requested information for in question #8.

(Please Print Clearly)

Name:_____

Spouse's Name:_____

Address:_____

City:_____State:_____Zip:_____

Phone:_____Best time to call:_____

#201- Walmart Final Expense Survey
Cost - $650 per 1,000 mailed
(effective March 10, 2025)

NEW FROM CANA! Requires prospect to receive benefit and cost information before receiving gift card.

TARGET RESPONSE RATE:
1.7%
17 LEADS PER 1,000 MAILED

MAIL CAMPAIGNS

8.5 X 11" **INCLUDES ALL CANA SURVEYS**

FREE WALMART GIFT CARD

This survey is conducted by an independent marketing firm on behalf of:

Senior Benefits of Missouri

We would like to offer you a **FREE Walmart Gift Card** for participating in our survey.



No purchase required.

1) What is your age?
❑ Under 55 ❑ 56-70 ❑ 71-80 ❑ 80 or older

2) Are you? ❑ Married ❑ Single ❑ Divorced
❑ Widow or Widower

3) Do you own a life insurance policy?
❑ Yes ❑ No If yes, what type of policy?
❑ Term Life ❑ Whole Life
❑ Universal Life ❑ Don't know

4) Would you consider your current health to be:
❑ Excellent ❑ Very Good ❑ Good ❑ Poor

5) Would you be interested in receiving information about a life insurance plan that costs just pennies per day and that you can qualify for regardless of your health conditions?
❑ Yes ❑ No

6) Are you currently:
❑ Employed full-time ❑ Employed part-time
❑ Disabled ❑ Retired

7) Do you have a Medicare Plan? ❑ Yes ❑ No
If yes, what do you have?
❑ Original Medicare (Part A and Part B)
❑ Medicare Advantage Plans (Part C)
❑ Medicare Supplement Insurance
❑ Not sure

8) Would you like to receive information on the new benefits you may be eligible for that are now available in some of the new 2025 Medicare Plans?
❑ Yes ❑ No

9) Do you currently have a will? ❑ Yes ❑ No
If no, would you be interested in one if it were free? ❑ Yes ❑ No

10) Do you currently have a living will? ❑ Yes ❑ No
If no, would you be interested in one if it were Free? ❑ Yes ❑ No

11) Please check boxes for any insurance services you are interested in receiving information about:
❑ Final Expense Insurance Information
❑ NEW 2025 Plan Benefits for Medicare recipients
❑ Free Will Information

SAMPLE

Please complete ALL information below. No obligation required. And return in enclosed envelope to get your FREE gift card.



As a thank you for taking time to answer our survey, we would like you to have a complimentary Walmart Gift Card.

Offer is good for 30 days. Please allow 4-6 weeks for gift card to be delivered.

❑ **YES, Please provide me my Walmart Gift Card.**

I understand that the gift card will be delivered to me and that I must complete all questions and information below in order to receive my gift card.

(Please Print Clearly)

Name:_____

Spouse's Name:_____

Address:_____

City:_____State:_____Zip:_____

Phone:_____Best time to call:_____

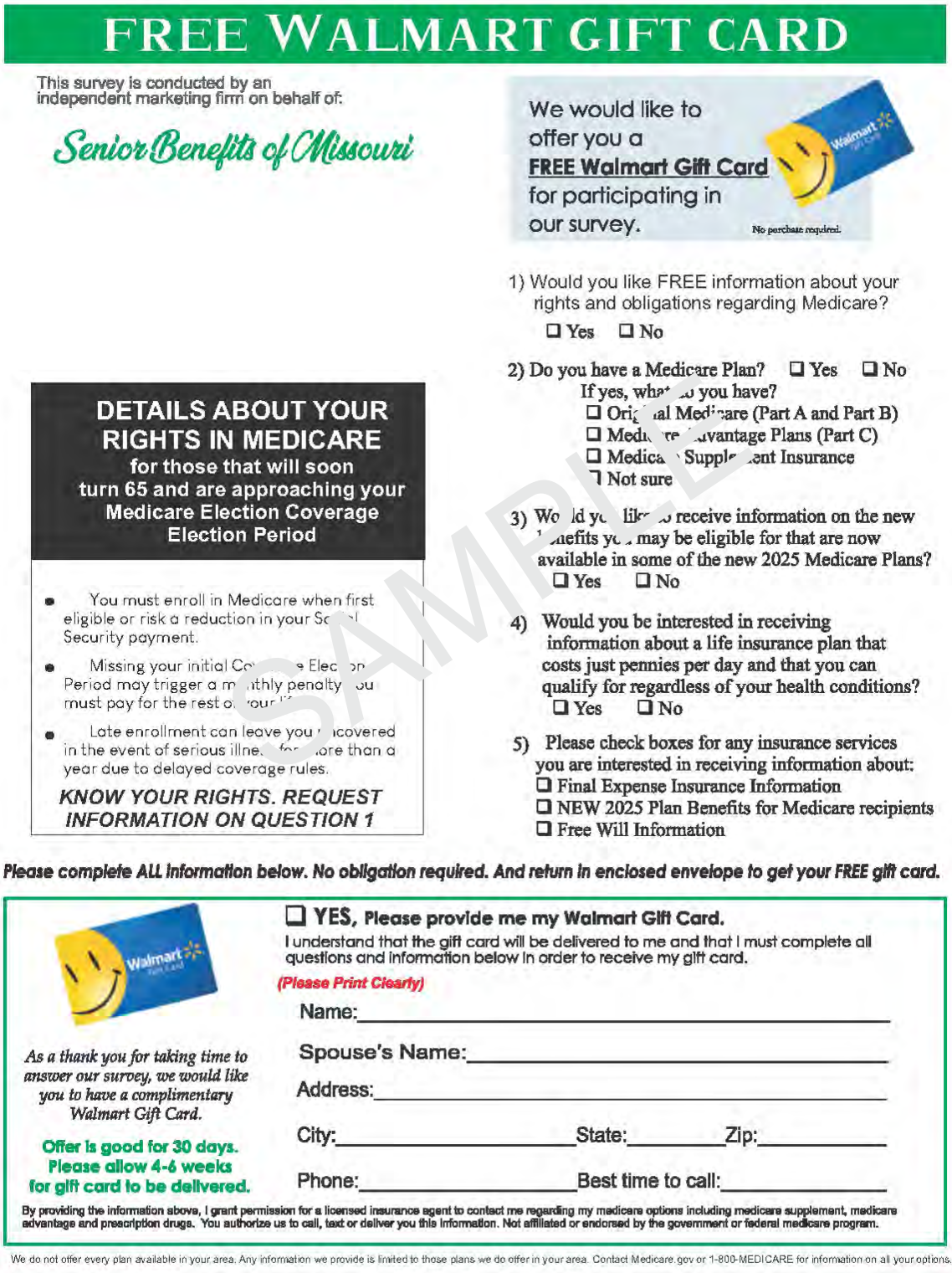
By providing the information above, I grant permission for a licensed insurance agent to contact me regarding my medicare options including medicare supplement, medicare advantage and prescription drugs. You authorize us to call, text or deliver you this information. Not affiliated or endorsed by the government or federal medicare program.

#301- Walmart Final Expense Survey- Medicare questions
Cost - $650 per 1,000 mailed
(effective March 10, 2025)

TARGET RESPONSE RATE:
3.0%
30 LEADS PER 1,000 MAILED

MAIL CAMPAIGNS

8.5 X 11" **INCLUDES ALL CANA SURVEYS**



FREE WALMART GIFT CARD

This survey is conducted by an independent marketing firm on behalf of:

Senior Benefits of Missouri

We would like to offer you a **FREE Walmart Gift Card** for participating in our survey.

No purchase required.

1) Would you like FREE information about your rights and obligations regarding Medicare?
❑ Yes ❑ No

2) Do you have a Medicare Plan? ❑ Yes ❑ No
If yes, what do you have?
❑ Original Medicare (Part A and Part B)
❑ Medicare Advantage Plans (Part C)
❑ Medicare Supplement Insurance
❑ Not sure

3) Would you like to receive information on the new benefits you may be eligible for that are now available in some of the new 2025 Medicare Plans?
❑ Yes ❑ No

4) Would you be interested in receiving information about a life insurance plan that costs just pennies per day and that you can qualify for regardless of your health conditions?
❑ Yes ❑ No

5) Please check boxes for any insurance services you are interested in receiving information about:
❑ Final Expense Insurance Information
❑ NEW 2025 Plan Benefits for Medicare recipients
❑ Free Will Information

DETAILS ABOUT YOUR RIGHTS IN MEDICARE
for those that will soon turn 65 and are approaching your Medicare Election Coverage Election Period

- You must enroll in Medicare when first eligible or risk a reduction in your Social Security payment.
- Missing your initial Coverage Election Period may trigger a monthly penalty you must pay for the rest of your life.
- Late enrollment can leave you uncovered in the event of serious illness for more than a year due to delayed coverage rules.

KNOW YOUR RIGHTS. REQUEST INFORMATION ON QUESTION 1

SAMPLE

Please complete ALL information below. No obligation required. And return in enclosed envelope to get your FREE gift card.

❑ **YES, Please provide me my Walmart Gift Card.**
I understand that the gift card will be delivered to me and that I must complete all questions and information below in order to receive my gift card.

(Please Print Clearly)

Name:_____

Spouse's Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Best time to call:_____

As a thank you for taking time to answer our survey, we would like you to have a complimentary Walmart Gift Card.

Offer is good for 30 days. Please allow 4-6 weeks for gift card to be delivered.

By providing the information above, I grant permission for a licensed insurance agent to contact me regarding my medicare options including medicare supplement, medicare advantage and prescription drugs. You authorize us to call, text or deliver you this information. Not affiliated or endorsed by the government or federal medicare program.

We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Contact Medicare.gov or 1-800-MEDICARE for information on all your options.

#2301- Walmart Medicare Survey-

Cost - $650 per 1,000 mailed
(effective March 10, 2025)

MAIL CAMPAIGNS

8.5 X 11" **INCLUDES ALL CANA SURVEYS**

GET A WALMART GIFT CARD
FOR PARTICIPATING



Please complete ALL information below and return in the enclosed postage-paid envelope to see what you qualify for and get your FREE gift card.

Get a FREE Walmart Gift Card as a thank you for participating in our survey.

1 What is your age?
❑ Under 55 ❑ 55-61 ❑ 62-70
❑ 71-80 ❑ 81 or older

2 Do you own a life insurance policy?
❑ Yes ❑ No If yes, what type of policy?
❑ Term Life ❑ Whole Life
❑ Universal Life ❑ Don't know

3 Would you consider your current health to be:
❑ Excellent ❑ Very Good ❑ Good ❑ Poor

4 Would you be interested in receiving information about a life insurance plan that costs just pennies per day and that you can qualify for regardless of your health conditions?
❑ Yes ❑ No

5 Are you currently:
❑ Employed full-time ❑ Employed part-time
❑ Disabled ❑ Retired

6 Do you have a plan that pays for dental expenses?
❑ Yes ❑ No

7 Do you have insurance to protect you and your family from critical illness (cancer, heart attack, and stroke) expenses? ❑ Yes ❑ No

8 Please check boxes for any insurance services you are interested in receiving information about:
❑ Term Life Insurance ❑ Whole Life Insurance
❑ Dental Coverage ❑ Burial Expense Insurance
❑ Grandchild Insurance ❑ Final Expense Coverage
❑ Critical Illness Coverage (cancer, heart attack, stroke)

Please complete ALL information below. No obligation required. And return in enclosed envelope to get your FREE gift card.



As a thank you for taking time to answer our survey, we would like you to have a complimentary Walmart Gift Card.

Offer is good for 30 days. Please allow 4-6 weeks for gift card to be delivered.

❑ **YES, Please provide me my Walmart Gift Card.**
I understand that the gift card will be delivered to me and that I must complete all questions and information below in order to receive my gift card.

(Please Print Clearly)

Name:_____

Spouse's Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone:_____ Best time to call:_____

By providing the information above, I grant permission for a licensed insurance agent to contact me regarding my medicare options including medicare supplement, medicare advantage and prescription drugs. You authorize us to call, text or deliver you this information. Not affiliated or endorsed by the government or federal medicare program.

#2401- Walmart Survey 2-

Cost - $650 per 1,000 mailed
(effective March 10, 2025)

B-24 | 2024 BENEFIT INFORMATION FOR OHIO CITIZENS ONLY | 2024

As a resident of Ohio, you are entitled to more benefits not provided by government funds. You now have access to a 2024 state-regulated program which can pay 100% of all final expenses up to $35,000.

Return this postage-paid card within 5 days to request this new benefit information.

TARGET RESPONSE RATE:
1.0%
10 LEADS PER 1,000 MAILED

#401

Complete and return the information below

NAME	AGE
SPOUSE'S NAME	AGE
STREET ADDRESS (NO PO BOXES)	
PHONE (With Area Code) ( )	

Not affiliated with or endorsed by any government agency.

SAMPLE

C-24 | 2024 BENEFIT INFORMATION FOR NEBRASKA CITIZENS ONLY | 2024

As a resident of Nebraska, you are entitled to more benefits not provided by government funds. You now have access to a 2024 state-regulated life-insurance program which can pay 100% of all final expenses up to $35,000.

Return this postage-paid card within 5 days to request this new benefit information.

TARGET RESPONSE RATE:
0.9%
9 LEADS PER 1,000 MAILED

#501

Complete and return the information below

NAME	AGE
SPOUSE'S NAME	AGE
STREET ADDRESS (NO PO BOXES)	
PHONE (With Area Code) ( )	

Not affiliated with or endorsed by any government agency.

SAMPLE

GB-24 | 2024 BENEFIT INFORMATION FOR MICHIGAN CITIZENS ONLY | 2024

As a resident of Michigan, you are entitled to more benefits not provided by government funds. You now have access to a 2024 state-regulated program which can pay 100% of all final expenses up to $35,000.

Return this postage-paid card within 5 days to request this new benefit information.

☐ **I'd like a FREE Walmart Gift Card**

TARGET RESPONSE RATE:
1.3%
13 LEADS PER 1,000 MAILED

#601

Complete and return the information below

NAME	AGE
SPOUSE'S NAME	AGE
STREET ADDRESS (NO PO BOXES)	
PHONE (With Area Code) ( )	

Not affiliated with or endorsed by any government agency.

SAMPLE

GC-1 | GOOD NEWS FOR (STATE) RESIDENTS | 2024

Social Security may pay up to $255* for your Funeral and Final Expenses. The Senior Final Expense Life Insurance Plan may pay up to $25,000 in addition to any other benefits you might have. To see how much you qualify for (and receive a FREE Gift Card), mail this card back in the Postage-Paid Envelope. (You must be between the ages of 45 and 85 to receive the Free Gift Card).

☐ **I'd like a FREE Walmart Gift Card**

TARGET RESPONSE RATE:
1.2%
12 LEADS PER 1,000 MAILED

#701



Complete and return the information below

NAME	AGE
SPOUSE'S NAME	AGE

HOME PHONE: *(AREA CODE AND PHONE ENSURE PROPER ROUTING)*
( ) _____ _____

CELL PHONE *(With Area Code)*
( ) _____ _____

EMAIL

Not affiliated with or endorsed by any government agency.

* Source: http://www.ssa.gov/planners/survivors/ifyou7.html - 06/29/15

SAMPLE

GCI-24 | 2024 BENEFIT INFORMATION FOR OHIO CITIZENS ONLY | 2024

As a resident of Ohio, you are entitled to more benefits not provided by government funds. You now have access to a 2024 state-regulated life-insurance program which can pay 100% of all final expenses up to $35,000.

Return this postage-paid card within 5 days to request this new benefit information.

☐ **I'd like a FREE Walmart Gift Card**

TARGET RESPONSE RATE:
1.2%
12 LEADS PER 1,000 MAILED

#801



Complete and return the information below

NAME	AGE
SPOUSE'S NAME	AGE
STREET ADDRESS (NO PO BOXES)	
PHONE (With Area Code) ( ) _____ _____	

Not affiliated with or endorsed by any government agency.

SAMPLE

L2-24 | 2024 BENEFIT INFORMATION FOR OHIO CITIZENS ONLY | 2024

As a resident of Ohio, you are entitled to more benefits not provided by government funds. You now have access to a 2024 state-regulated program which can pay 100% of all final expenses up to $35,000.

Return this postage-paid card within 5 days to request this new benefit information.

☐ **I'd like a FREE Walmart Gift Card**

TARGET RESPONSE RATE:
1.3%
13 LEADS PER 1,000 MAILED

#901

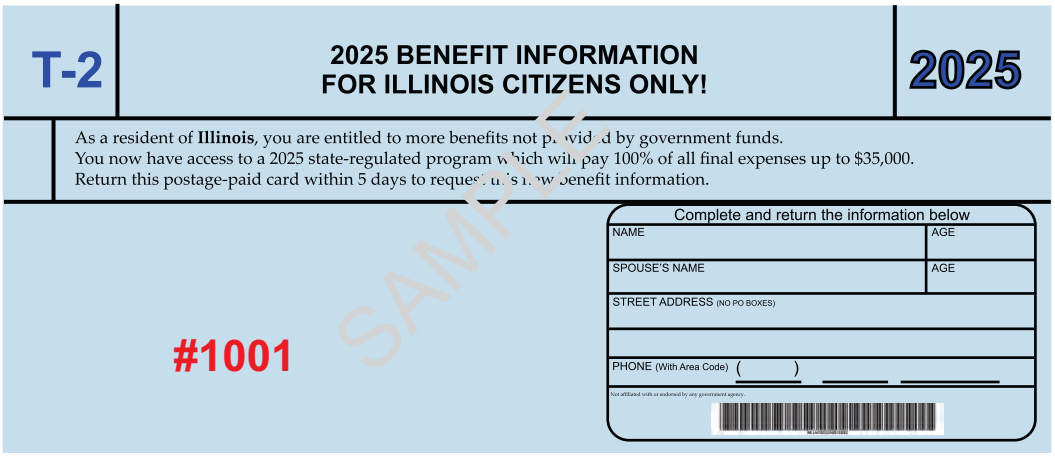


Complete and return the information below

NAME	AGE
SPOUSE'S NAME	AGE
STREET ADDRESS (NO PO BOXES)	
PHONE (With Area Code) ( ) _____ _____	

Not affiliated with or endorsed by any government agency. KMason23-09

SAMPLE



TARGET RESPONSE RATE:
1.1%
11 LEADS PER 1,000 MAILED



TARGET RESPONSE RATE:
1.1%
11 LEADS PER 1,000 MAILED



CANA DIRECT MARKETING

GUARANTEED LEAD PROGRAM 314.227-5215

Final Expense Survey/Card Lead Order Form- Email completed form to canadirect@yahoo.com

How many do you want us to mail each time? _____

❑ Mail weekly ❑ Mail twice per month ❑ Mail once per month

❑ One Time Order

Cost? $650 per 1,000 for all Final Expense Surveys
$530 per 1,000 for all Black ink only Final Expense Cards
$560 per 1,000 for T2 Color Final Expense Cards

Prospect Age Group: ❑ 60-79 ❑ 62-77 ❑ Other:_____

Income of Prospect: ❑ $0-50K (Insurance/Medicare/Final Expense recommended)
❑ $75K-150K (Insurance/Annuity recommended)
❑ Other:_____

What Survey or FE Card do you want leads from?

❑ #101 Walmart Survey Final Expense
❑ #201 **NEW!** Walmart Survey Final Expense- requires receiving info for card
❑ #301 Insurance/Medicare Supplement/Final Expense Survey
❑ #2301 **NEW!** Walmart Medicare Survey ❑ #2401 **NEW!** T2 Walmart FE Survey 2
❑ #401 B-24 Final Expense Card ❑ #501 C-24 Final Expense Card
❑ #601 GB-24 Final Expense Card ❑ #701 GC-1 Final Expense Card
❑ #801 GCI-24 Final Expense Card ❑ #901 L2-24 Final Expense Card
❑ #1001 **NEW!** T2 FE Card Baby Blue ❑ #1101 **NEW!** T2 FE Card Green
❑ #1201 **NEW!** T9 Medicare Card

Agency Name:_____

Address:_____

City_____State_____Zip_____

Email address for your leads:_____

Area to mail (zip codes or counties):_____

_____

Payment Info: (We take Visa, Mastercard, Discover or American Express)

Card Number:_____-_____-_____-_____

Expiration Date:_____ 3-4 digit security code:_____

Name on card:_____ Zip code:_____

Signature Authorization:_____Date:_____