FREE WALMART GIFT CARD

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

Pennsylvania Life Solutions

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



No purchase required.

**********SCH 5-DIGIT 18106

THE HERNANDEZ FAMILY
449 W TILGHMAN ST
ALLENTOWN, PA 18102-2446

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) You may be eligible for additional Medicare Plan benefits including up to $3,240 per year to help pay for food, utilities and other items. Are you interested to see if you qualify?
☑ 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

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: Nelly moREL **AGE:** 70

SPOUSE'S NAME: _____ **AGE:** ____

ADDRESS: 449 West Tilghman Street

CITY: Allentown **STATE:** PA **ZIP:** 18102

PHONE: 4848382445 **BEST TIME TO CALL:** Any

NFrumkin25-03

FREE WALMART GIFT CARD

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

Pennsylvania Life Solutions

**********SCH 5-DIGIT 18101

THE CHORWAT FAMILY
1338 S HOWARD ST FL 2
ALLENTOWN, PA 18103-3921

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 ❑ 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
❑ 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.



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☑ **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: BOBBI DAN-CHORWAT

~~Spouse's Name:~~ HOWARD ST #2

Address: 1338 HOWARD ST #2

(No P.O. Boxes)

City: ALLENTOWN State: PA Zip: 18103

~~Phone:~~ _____ ~~Best time to call:~~ _____

nfrumkin25-02