

2020 MEDICARE HEALTH PLANS EVALUATION CENTER FOR AMERICANS TURNING AGE 65

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE
PAID
KANSAS CITY, MO

PERSONAL BUSINESS MAIL FORM SP12C

POSTMASTER:

*If undeliverable as addressed
please refer to section 5.7.1.4
of the official DMM.*

MS2018

**REGISTERED DOCUMENT -
DO NOT DISCARD**

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] MO [REDACTED]

↑ Detach Here And Mail Today or
For Privacy Fold Card and Tape With Return Address Facing Out. ↑

— IMPORTANT —

COMPLETE & RETURN THIS POSTAGE-FREE REQUEST CARD TODAY

REGISTERED
DOCUMENT:

| | | | |
|---|--|--|-------------|
| LAST [REDACTED] | | FIRST [REDACTED] | |
| STREET ADDRESS [REDACTED] | | CITY [REDACTED] | STATE MO |
| ZIP CODE [REDACTED] | | | |
| AREA CODE - PHONE # *NEEDED FOR DELIVERY () - | | Have you received your red, white and blue Medicare Card? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, we will help! | |
| | | Do you have Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No | |