

ENCLOSED INFORMATION INTENDED SOLELY FOR ADDRESSEE BELOW.

TO DETERMINE YOUR QUALIFICATION FOR THIS NON-GOVERNMENT AFFILIATED PROGRAM, YOU MAY BE CONTACTED BY A LICENSED REPRESENTATIVE TO SELECT BENEFIT AMOUNT IF YOU OUALIFY

PRSRT STD US POSTAGE PAID Permit #3642 Dallas, TX

BENEFIT ELIGIBILITY DETERMINATION

May B. Doe
123 Anystreet, 3-E
Yorton, XX 12345-6789

Neither the U.S. Government, the Federal Medicare Program nor any state agency is affiliated with or endorses the company or its representatives. If you can qualify, the Lincoln Heritage Funeral Advantage* program will pay your family a cash life insurance benefit in the event of your death, and will offer family support services, which can help keep the costs down for those actually in charge of purchasing your funeral. To find out if you can qualify, complete and mail the enclosed postage-paid envelope promptly. Please make sure your address already printed on the card is correct. A licensed representative may contact you. Currently, you may qualify even with a pre-existing medical condition. Many state residents age 45-80 so far have been accepted for this life insurance policy, underwritten by **Lincoln Heritage Life Insurance Company**, and designed to help pay for one's funeral expenses and other final expenses as well. There is no charge to find out whether or not you can qualify.



Funeral Advantage Program Aids Seniors

ATTENTION: MAY B DOE



*****************AUTO**MIXED AADC 00000
May B. Doe
123 Anystreet, 3-E
Yorton, XX 12345-6789

We are pleased to announce: You may qualify for the Funeral Advantage Program that will pay your family in the event of your death an insurance cash benefit up to \$20,000.00 TAX FREE.

Many STATEXX residents age 45-80 have already been accepted for this program — created to help pay for one's funeral and any other final expenses.

To see if you qualify, mail this postage-paid card today. Requests received after 15 days may not be processed. Currently, you may qualify even if you have a health condition.

MAIL TODAY

There is no charge for this information.



▼ IS YOUR ADDRESS CORRECT? **▼**

Program Eligibility Request	Complete & Return In The Postage-I	Paid Envelope Today
LAST Doe	FIRST May	STATE XX
ADDRESS 123 Anystreet, 3E	CITY Yorton	E019
ZIP CODE 12345-6789 AGE	PHONE AREA CODE	
Please see that I receive the final expense plan information that I requested as soon as possible.		
OFFICE USE ONLY		



PERMIT NO 2086

DALLAS TX

POSTAGE WILL BE PAID BY ADDRESSEE

PROCESSING CENTER PO BOX 226555 DALLAS TX 75222-9760

FIRST-CLASS MAIL

NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES

