

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 & only takes a few minutes.

Name: _____

Cell Phone: _____ Email: _____

Address: _____

Your age as of today: _____ Single, single parent or married: _____

Best time to catch up with you for 10 minutes: _____

___ YES, I would like more information. ___ No, thank you.

Please check areas of most interest:

- Cancer Heart/Stroke Accident Intensive Care Life Insurance

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

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