

Client Focus Connections
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Port Edwards, WI 54469
Office 877-692-3400 Fax 715-887-4039
Email cfc@wctc.net

_____ Insurance
Address _____
City/State/Zip _____
Office _____ Fax _____
Email _____

Hi, my name is _____. I'm calling on behalf of your agent _____
with _____ Insurance.

_____ asked me to call you this evening to let you know about some important
new coverage's available from _____ Insurance. They now offer Medicare
Supplement Insurance. This is not duplicate coverage. It was developed to make sure
you're protected for medical expenses not fully covered by Medicare.

_____ is wondering if he/she can sit down and discuss the benefits of this
coverage with you.

YES – When is a good time for _____ to reach you?

NO – Are there any other insurance needs that _____ can help you with at this time?

Thank you and have a good evening.

~ If Medicare changes the amount they pay for a particular expense, you can be assured
_____ 's policy will reflect a similar change.

~ You can choose the policy and coverage's to suit your individual needs.