

LCBA AEP Promotion

1,000 Piece Mailer with 5 Qualifying Applications

Promotion Rules

- Promotion runs from Oct. 15 to December 7, 2017
- MGAs are not eligible for this program.
- Agent will receive a 1,000 piece mailer through Kramer Direct for every five (5) qualifying issued and paid Medicare Supplement applications within the promotion time period
- Applications must be issued/paid on or after Oct. 15 and on or before Dec. 7, 2017 to be included in the promotion

Terms and Conditions (Effective October, 2017)

- Qualifying Plans: Issued and paid LCBA Medicare Supplement policies, except for high-deductible Plan F and guaranteed issue plans, which do not qualify for this program. Note that carrier systems do not always indicate applications that are high-deductible Plan F or guaranteed issue, so double-check your applications to be sure they all qualify. If we provide you with funds based on invalid or ineligible applications, we reserve the right to request reimbursement from you.
- The LCBA 1,000 piece mailer program cannot be used in conjunction with any other SMS marketing assistance program.
- All interpretations of the qualifying issued applications and payments shall be at the sole discretion of SMS, whose decisions are binding and final.
- Agent must be in good standing with LCBA and have no outstanding debit balance with SMS.
- You are responsible for completing the attached form to document qualifying policies and request program participation. Return the request form by email to Craig Taylor, Associate Director of Medicare Solutions, at ctaylor@seniormarketsales.com or send a fax to (402) 343-9944.

To Request your Free 1000 Piece Mailer:

1. Verify your production with your dedicated marketing consultant for LCBA Medicare Supplement applications issued/paid in the program timeframe through SMS. Remember, guaranteed issue applications and high-deductible Plan F are not eligible.
2. Place your order with the vendor. Kramer Direct — 1-888-572-6373 — www.KramerDirect.com
3. Fax (402-343-9944) or email (ctaylor@seniormarketsales.com) documentation of production and the details for your order with the vendor. (See attached request form)
4. We prefer agents use Kramer Direct because of the connectivity with Lead Advantage. This integration means responses are delivered electronically by email and posted into Lead Advantage as new leads under your account.

Reimbursement Request Form

Agent Name: _____

Agent NPN: _____

Agent Phone: _____

Agent Email: _____

Agent Mailing Address: _____

Total Receipts Attached: _____

Total Reimbursement Amount: \$ _____

Month Qualified: _____

Agent Signature

Date

****By signing, you agree to the terms and conditions of the program and that all marketing must be conducted in compliance with all applicable federal and state laws. Typing your name is equivalent to a handwritten signature. I have received pre-authorization prior to my order placement.****

Return this request form by fax or email to SMS at 402-343-9944 or ctaylor@seniormarketsales.com .

Thank you for placing your Medicare health insurance business with SMS.