

REQUEST MORE INFORMATION FROM SHIINE



Please fill out the following form and mail to your nearest SHIINE office.
The SHIINE office will mail you the literature that meets the needs of this request.

To save paper and conserve our limited resources all literature can be found on our website.

www.SHIINE.net

Name (Full Name):

Current Address:

City: State: ZIP Code:

Phone: County:

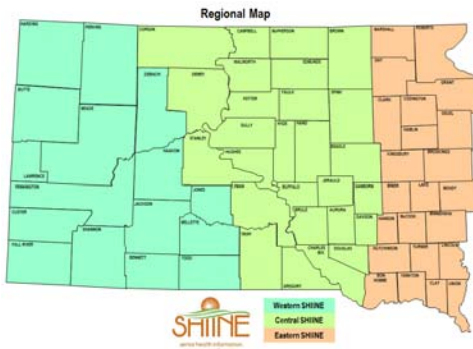
Email: I would like to receive updates from SHIINE.

1. Are you currently on Medicare? Yes No
2. Will you become Medicare eligible within the next 12 Months? Yes No
3. Do you understand how Medicare works? Yes No

Employer Benefits and Medicare	Medicare Advantage Plan Fact Sheet
Medicare Basics	Medicare Part D – Comparing Plans (Complete enclosed worksheet)
New to Medicare Checklist	Help Paying for Medicare
Medicare Supplement (Medigap) Guide	Medicare Due to Disability

Website: www.SHIINE.net

SHIINE OFFICE LOCATIONS



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