

Name(s):					
Address:					
Birthday(s):					
Phone Number(s): Home:			Cell:		
Email:					
Advisor/Referre					
Current Broker:	Margo/Eric/K	arl:			
Part D Plan Cor			rmation (found on :	ID card)	
Part D Plan Nar	me, i.e. Saver P	lus, Choice, P	referred:		
Preferred Pharn	nacy Name and	Address:			
Drug Name	Dosage	#/day	Qty/month	Tab/cap/cream	Mail/Retail
Lisinopril	20 mg	1	30	Tab	Retail order
	N/ 11	C 1 41	r e 4° /e	1 ID 1)	
Supplement Ins			Information (foun	id on ID card)	
Plan Letter, i.e.		m, Transamer	icu.		
Current Rate:	1, 0.				
Effective date, of	date policy beg	an <sup>.</sup>			
Any Additional	1 , 0				

Please feel free to copy and share with friends and family. We will run a free analysis. Return to info@steinlageinsurance.com or via fax (636) 625-1529. Call us with any questions (636) 561-5060 Thanks, Steinlage Staff