



Medicare Lead Program

Program Basics

- \$16 cost per lead
- Actual number of Leads delivered for each mailing may be over/under the requested targeted number. You will not be charged for leads not received, but you are required to purchase excess leads.
- Geography is chosen by the agent at the time of order. I.e. State, County, ZIP.
- Cost per lead is subject to change for future orders and is evaluated periodically.

Mail Card & Demographics

- T65 Program pricing includes standard vendor demographics of:
 - 64 ½ years old (data orders are 6 months ahead of the 65th birthday)
 - Income: \$30,000+
- Overage 66+
 - Ages: 66 – 74
 - Income: \$30,000+
- Mail cards selected for the program are M66CDA-BJ and M65CAA-BJ-1
- Mail cards are selected by the ordering Agent by signing below.
- If the Agent wishes to decrease income target, it must be approved prior to order.
- Changes to age/income demographics can be quoted and may increase the CPL.
- PO boxes included (phone number or physical address must be provided to be considered a valid Lead)
- Please refer to *Vendor Lead Credit Guidelines* for credit definitions and instructions on “bad Leads”

Lead Delivery & Lead-flow Timeline

- Leads begin to arrive 2-3 weeks after mailing, with the majority of Leads arriving at weeks 3, 4, and 5.
- West Coast Leads may take an additional week to arrive.
- Leads will continue to trickle in for up to 10 weeks after each mailing (project).
- Program may take 6-8 weeks to level out and provide a steady flow of Leads
- Leads are scanned and uploaded daily (Mon. – Fri. during overnight hours) to the LMS
- For agencies: Pre-allocation by geography, sub-company or agent is available.
- Pinnacle will assign Leads to agents within the LMS, *OR* grant agents permission to use the LMS to access to their Leads.

Program Billing & Payment

- Agent is required to pay in full prior to mail drop.
- Agent agrees to pay leads received over target amount.
- Agent can choose between a refund or credit towards future mailing if leads are under target amount at the conclusion of each 10-week project.

Steps to Implementation

- Finalize (card, geo, quantity), sign and return this Agreement with funds withdrawal authorization.
- Remit payment, which must be received prior to first mailing.
- Review mail card(s), sign, and return the Proof Approval Form(s).
- Pinnacle Team Introduction Call and Lead Management System (LMS) site demo to be held via GoToMeeting (*date TBD*).

Demographics and Geography:

_____ Turning 65. _____ Ages 66-74.

If making multiple choices, minimum of each is 20. If T65 is elected in a region with insufficient population, agent agrees to supplement mailing with Ages 66-74.

_____ Income \$30,000 and under. _____ Income above \$30,000.

_____ State.

Please use the space below to list further specification (County, Zip, etc).

Your signature on this agreement below indicates that you understand and accept the terms as described within, and signals Pinnacle Financial Services to move forward with the Program implementation.

Accepted by (agent name): _____

Signature

Date



LEAD MAILER APPROVAL FORM

Agency:

Contact Name:

Please review the Medicare Overage 66+ Lead Mail Card on page 4, card code: **M66CDA-BJ**

Please indicate your approval below and include with order:

Print Name: _____

Signature: _____

Date: _____

Please review the Medicare Turning 65 (T65) Lead Mail Card on page 5, card code: **M66CDA-BJ-1**

Print Name: _____

Signature: _____

Date: _____

Lead cards are proprietary and are only for agent view. Cards may not be shared with any other entity.

Important!
New Medicare Changes
That Affect You!

Please verify address and include your phone number.

Complete and return the information below:

Name	
Date of Birth	Spouse's Date of Birth
Phone	Email (optional)
Address (Must provide physical home address. No PO boxes, please.)	
You may be contacted by a licensed producer.	
M66CDA-BJ	

Important!
New Medicare Changes
That Affect You!

Changes in Medicare plans over the last few years include new plans and modified benefits. You have more choices. You need to understand your Medicare options. You may be paying more than you need.

We can provide an information booklet at no cost that will help you understand:

- What Medicare covers
- What Medicare benefits are available
- What your options are for coverage

Send in the above card today in the postage-paid privacy envelope to receive "A Guide to Health Insurance for People with Medicare," a guide developed by the Centers for Medicare & Medicaid Services (CMS) and the National Association of Insurance Commissioners.

MEDICARE OPEN ENROLLMENT QUALIFICATION REQUEST CARD

Message: You will soon be in a unique position when you turn 65. You will be in your "Open Enrollment" period. This means you can choose any Medicare Supplement, Part D or take advantage of any new plans without medical questions. The right choices can save you hundreds of dollars each year. **Don't delay, you only have one "Open Enrollment."** Take advantage of this free review of your healthcare benefits and information about new Medicare programs.

Please acknowledge by:

Not affiliated with any government agency. No cost or obligation.

PLEASE VERIFY ADDRESS — RETURN CARD TODAY

RETURN THIS CARD TO RECEIVE IMPORTANT NEW INFORMATION ABOUT 2016 MEDICARE CHANGES THAT AFFECT YOU

Please provide me with a free *Consumer Guide*, plus information on the following insurance plans:

Medicare Healthcare and Prescription Drug Coverage Affordable Life Insurance Coverage

Complete and return the information below:

PLEASE CORRECT ADDRESS AND INCLUDE PHONE

Name

Date of Birth

Spouse's Date of Birth

Phone

Email (optional)

Address (Must provide physical home address. No PO boxes, please.)



LEAD CREDIT GUIDELINES

The information below outlines vendor's approved reasons to issue credit for leads in its CPL programs.

Deceased

- Mail card returned indicates mail recipient is deceased

Moved

- Mail card returned indicates that the intended recipient no longer resides at the address

Duplicate Within Same Mail Drop (Project)

- More than one lead card returned per household per mail drop
 - Please check/match the mail project number before submitting as a duplicate
 - Duplicates occurring in mailings 60 or more days apart are not eligible for credit

Age Demographic:

- Mail card indicates a recipient age over/under client's approved age demographic for that mailing

P.O. Box without Contact Information

- Mail card mailed to a PO box and returned without written contact information
 - If physical address OR phone number OR email address is provided, the lead is valid and billable

Do Not Contact

- Mail card indicates recipient does not wish to be contacted by any means
- Mail card with clearly fictitious contact information provided

Blank Card

- Card is returned completely blank

Agent may submit credit request for bad leads within 120 days of lead delivery. Requests must be submitted by the agent through the Lead Management System (LMS). **Bad Lead Credit Request Process.pdf** for step-by-step directions available upon request. Vendor will review requests and notify agents of approved lead credits. If the request for a credit is denied, vendor will provide reasoning. Guidelines may be revised at any time.*

**Agents not using vendor's LMS may request credit via email. Please reference "bad lead" in the subject line and provide the reason for the requests(s) within the email.*

Updated: 3/10/15



AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company/Agent Name _____ Company/Agent ID Number _____

I (we) hereby authorize Pinnacle Financial Services, hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

Bank Name _____

Branch _____

Routing Number _____

Account Number _____

(or attach voided check)

This authorization is to remain in full force and effect until COMPANY/AGENT has received written notification from Pinnacle Financial Services of its termination in such time and in such manner as to afford COMPANY/AGENT and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____

ID Number (Please Print) _____

Date _____

Signature _____

NOTE: ALL DEBIT AUTHORIZATION MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.