Sunderland Group est. 1968
Your Leader in Health & Wealth

# Medicare Advantage Lead Mailer Verification Form

***Before you submit please verify that these criteria are met:***

1. You (individual Agent) have written twenty (20) Medicare Advantage policies that have been issued.
2. You are appointed through Sunderland Group Medicare Division with the carriers you wrote the policies with.
3. Effective dates that qualify: 6/1/2020 – 12/1/2020. Incentive must be redeemed by January 31, 2021.

| Carrier | Agent Number | Member Name | Effective Date | Policy Number |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

For agent use only. Not for use with consumers. Certain exclusions and limitations may apply. Not affiliated with the United States government or the federal Medicare program. Enrollments for this promotion must be issued with carriers the agent is directly appointed with through Sunderland Group. Applications may only be used once and may not be combined with any other promotion. Agent must be trained and certified and must abide by Sunderland Group's compliance program. www.sunderlandgroup.com/compliance.

**800.373.9807 option 5**

**Submit form to health@sunderlandgroup.com**