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MEDICARE LEAD PROGRAM

2020/2021

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Please review carefully. **All pages must be signed and returned.** Additionally, please be aware that no orders can be placed without payment in full. Contact a Pinnacle Financial Services representative for more details.

SIGNATURE: _____ **DATE:** _____

PROGRAM BASICS

- \$19 cost per lead for 66+¹
- \$18 cost per lead for T65¹
- 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:

- 64½ years old (data orders are 6 months ahead of the 65th birthday)
- 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.
- P.O. 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 can continue to be received 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, (Monday-Friday, 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. Overage is typically no more than 20%, but can be higher.
- 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.
- Recurring orders will be billed the date that each order is placed.

¹ Subject to change during Annual Enrollment Period.

ORDERING DATES

Turning 65 Orders

- May only be placed by Pinnacle Financial Services monthly on the 23rd. To ensure your order will be placed, all payments and order details must be received by the 16th of the month.

66+ Orders

- May be placed by Pinnacle Financial Services weekly on Wednesdays. To ensure your order will be placed that week, all payments and order details must be received by the Monday of the week that the order is placed.

SIGNATURE: _____ **DATE:** _____

STEPS TO IMPLEMENTATION

- Finalize, (card, geography, 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 Financial Services team introduction call and Lead Management System (LMS) site demo to be held via GoToMeeting, (date to be decided.)

DEMOGRAPHICS & GEOGRAPHY

Turning 65 Quantity: _____

Ages 66 - 74 Quantity: _____

If making multiple choices, the minimum for 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 & Under Income Above \$30,000

State: _____

Please use the space below to list further specifications, (counties, states, and ZIPs):

On this agreement, your signature below indicates that you understand and accept the terms, as described within, and authorize 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 5, card code: **MGCFAF**.

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 6, card code: **T9DACB**.

Print Name: _____

Signature: _____

Date: _____

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

SIGNATURE: _____ DATE: _____

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 Supplement benefits are available
- What your options are for coverage

Send in this card today in the postage-paid privacy envelope to receive "Medicare & You," a guide developed by the Centers for Medicare & Medicaid Services (CMS).

Please acknowledge by: <RESPONDDATE>
NAME:
PHONE:
EMAIL (optional):
ADDRESS:

You may be contacted by a licensed agent. Not affiliated with any government agency.

To opt out of future mailings please visit <URL> and enter this 9 digit code: <UNIQUE_ID>.

MGCFAP

IMPORTANT NEW MEDICARE CHANGES THAT AFFECT YOU!

Please verify the address and include your phone number.

COMPLETE AND RETURN

Name: _____

Date of Birth: _____

Spouse's DOB: _____

Phone: _____

Email (Optional): _____

Address: _____

Physical address only - no P.O. boxes, please

You may be contacted by a Licensed Producer

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 and need to understand your Medicare options. You may be paying more than what 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.

SIGNATURE: _____ **DATE:** _____

DETAILS ABOUT YOUR RIGHTS IN MEDICARE

You will soon turn 65 and approach your Medicare Initial Coverage Election Period.

- You must enroll in Medicare when first eligible or risk a reduction in your Social Security payment.
 - Missing your Initial Coverage Election Period may trigger a monthly penalty you must pay for the rest of your life.
 - Late enrollment can leave you uncovered in the event of serious illness for more than a year due to delayed coverage rules.
- Know your rights and obligations regarding Medicare. Fill out the form below and return in the postage paid envelope for information.

Please acknowledge by: <RESPONDDATE>	
NAME	AGE
PHONE	SPOUSE AGE
EMAIL	
ADDRESS	

Not affiliated with any government agency. No cost or obligation. To opt out of future mailings please visit <URL> and enter this 9 digit code: <UNIQUE_ID>.

T9DACB

RETURN THIS CARD TO RECEIVE IMPORTANT NEW INFORMATION ABOUT 2020 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

PLEASE CORRECT ADDRESS AND INCLUDE PHONE NUMBER.

COMPLETE AND RETURN

Name: _____

Date of Birth: _____

Spouse's DOB: _____

Phone: _____

Email (Optional): _____

Address: _____

Physical address only - no P.O. boxes, please

You may be contacted by a Licensed Producer

SIGNATURE: _____ **DATE:** _____

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 a duplicate.
- Duplicates occurring in mailings sixty (60) or more days apart are not eligible for credit.

AGE DEMOGRAPHIC

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

P.O. BOX WITHOUT 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 90 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 request(s) within the email.*

AGENT INITIALS: _____

SIGNATURE: _____ **DATE:** _____

CREDIT CARD/ ACH PAYMENT AUTHORIZATION FORM

Pinnacle Financial Services is happy to accept the following means of payment:

- Credit Cards, (a fee of 2.9% will be assessed based upon the total price)
- ACH Payment
- Checks

Please be advised: No order will be placed until the payment specified is received.

SELECT ONE (1) CHECK BOX AND ENTER YOUR DETAILS BELOW:

Recurring Charge

You authorize regularly scheduled charges to your credit card or bank account. You will be charged the amount indicated below each billing period. A receipt for each payment will be provided to you and the charge will appear on your credit card or bank statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I, _____ authorize _____
FULL NAME MERCHANT'S NAME

to charge my credit card or bank account below for \$ _____
AMOUNT

on the _____ of each _____.
DAY WEEK/ MONTH/ ETC.

This payment is for _____
DESCRIPTION OF GOODS/ SERVICES



One (1) Time Charge

Sign and complete this form to authorize the merchant below to make a one-time charge to your credit card or bank account listed below. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I, _____ authorize _____
FULL NAME MERCHANT'S NAME

to charge my credit card or bank account below for \$ _____
AMOUNT

on _____.
DATE

This payment is for _____
DESCRIPTION OF GOODS/ SERVICES

SIGNATURE: _____ **DATE:** _____

BILLING INFORMATION

Billing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Email Address: _____

BANK (ACH)

Checking Savings

Name on Account: _____

Bank Name: _____

Account Number: _____

Routing Number: _____

CREDIT CARD

VISA Amex

Mastercard Discover

Card-holder Name: _____

Account Number: _____

Expiration Date: _____

CVV: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I agree to the additional charge of 2.9% per transaction charged for credit card payments. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the merchant may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US Law. I certify that I am an authorized user of this credit card/ bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

BANK ACCOUNT/ CARD-HOLDER'S SIGNATURE: _____

DATE: _____

SIGNATURE: _____ **DATE:** _____

2021 AEP LEAD ORDER ADDENDUM

Please be aware of AEP order costs and requirements:

- Orders must be placed by 8/1/2020 (August 14), with vendor, to guarantee \$19/lead cost for 66+.
 - Those placed by 8/14: \$19
 - Those placed by 9/11: \$32
 - Those placed by 10/16: \$43
- Orders must be paid in full at time of order.
- Orders placed late will incur additional charges.

DEMOGRAPHICS & GEOGRAPHY

Turning 65 Quantity: _____

Ages 66 - 74 Quantity: _____

If making multiple choices, the minimum for 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 & Under Income Above \$30,000 State: _____

Please use the space below to list further specifications, (counties, states, and ZIPs):

BILLING INFORMATION

Billing Address: _____

City: _____ State: _____ ZIP: _____

Phone Number: _____ Email Address: _____

BANK (ACH)

Checking Savings

Name on Account: _____

Bank Name: _____

Account Number: _____

Routing Number: _____

CREDIT CARD

VISA Amex

Mastercard Discover

Card-holder Name: _____

Account Number: _____

Expiration Date: _____

CVV: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the merchant in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I agree to the additional charge of 2.9% per transaction charged for credit card payments. For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF) I understand that the merchant may at its discretion attempt to process the charge again within 30 days, and agree to an additional charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of US Law. I certify that I am an authorized user of this credit card/ bank account and will not dispute these scheduled transactions with my bank or credit card company; so long as the transactions correspond to the terms indicated in this authorization form.

**BANK ACCOUNT/ CARD-
HOLDER'S SIGNATURE:** _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____