

# Insurance Marketing Systems

## Medicare Supplement Leads

### Contracted Agent Order Form\*

Agent Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Order Details

Demographics: Turning 65 \_\_\_\_\_ 67-75 \_\_\_\_\_ Income range: \_\_\_\_\_

Quantity: \_\_\_\_\_ Max per week \_\_\_\_\_ per day \_\_\_\_\_

Location:

Counties: \_\_\_\_\_ or

State(s): \_\_\_\_\_

### Price\*\*

<u>Order size</u>	<u>67- 75</u>	<u>T-65</u>
15-24	\$10.50 each	\$11.50 each
25 -49	\$11.00 each	\$11.00 each
50 -99	\$10.50 each	\$10.50 each
100+	\$9.00 each	\$9.50 each

You will be emailed an invoice with a PayPal link. An additional 2.5% of the total price will be added to cover part of the PayPal fee.

\*For Agents currently contracted with IMS for Med Supp or submitting a contract with this order.

\*\* Prices are for statewide orders. If ordering by county add \$1.50 per lead.

**Fax: 888-361-2634**