

REQUEST FOR INFORMATION

Please see that I receive information on Medicare Benefit Plans

Name: ERIC HARRISON

Age: 64

Phone: (612) 840 8187

Spouse Name: LYNDA

Spouse Age: 62

037/DAKOTA: 45434: 139187: 00IE87: W:

13458



13918702796

ERIC W HARRISON
8173 174TH CT W,
LAKEVILLE, MN 55044-9538

Please verify address - Complete and mail today

00IE87

REQUEST FOR INFORMATION

Please see that I receive information on Medicare Benefit Plans

Name: Patricia Ross

Age: 64

Phone: (320) 230-8424

Spouse Name: _____

Spouse Age: _____

037/DAKOTA: 45434: 139187: 00IE87: W:

13458



13918703095

PATRICIA M ROSS
14134 ELMIRA CT,
SAINT PAUL, MN 55124-7787

Please verify address - Complete and mail today

00IE87