[Date]

[Recipient Name]
[Recipient Address]
[City, State, Zip Code]

Dear [Recipient Name],

Subject: Important Information Regarding Final Expense Coverage

If you are between the ages of [Age Range], you are now eligible to apply for a Final Expense Life Insurance policy that requires **no medical exam** and **no blood tests**.

Many seniors worry about the rising costs of funerals and the financial burden left on their families. This plan is designed specifically to cover end-of-life expenses, such as:

- Funeral and burial costs
- Outstanding medical bills
- Credit card debt or legal fees

Program Highlights:

- No physical exams - acceptance is based on simple health questions.
- Fixed premiums - your monthly rate will never increase.
- Permanent coverage - your policy cannot be canceled as long as premiums are paid.
- Cash value - your policy builds equity over time.

Securing your legacy and protecting your loved ones has never been easier. You can obtain a quote in minutes without leaving your home.

To receive your free, no-obligation quote, please call us at [Phone Number] or return the enclosed reply card.

Sincerely,

[Your Name/Agent Name]
[Company Name]
[License Number (if applicable)]
[Phone Number]