[Agent Name]
[Agency Name]
[Phone Number]
[Email Address]
[Website]

[Date]

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

Dear [Recipient Name],

Navigating Medicare can be overwhelming, but you don't have to do it alone. My name is [Agent Name], and I am a local insurance agent specializing in Medicare plans right here in [City/County].

Whether you are turning 65, retiring soon, or simply looking to review your current coverage, I am here to help you understand your options. As a local agent, I provide personalized service to help you compare:

- Medicare Supplement (Medigap) Plans
- Medicare Advantage Plans
- Prescription Drug Plans (Part D)

My services are offered at no cost to you. My goal is to ensure you find a plan that fits your specific healthcare needs and budget while keeping your preferred doctors and pharmacies in-network.

If you have questions or would like to schedule a brief consultation, please call me at [Phone Number] or email me at [Email Address].

I look forward to assisting you.

Sincerely,

[Agent Signature]
[Agent Name]
[License Number, if required]

Disclaimer: We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.