



# Data Marketing Selection Form

Agent Name \_\_\_\_\_ Date \_\_\_\_\_

**LINE OF BUSINESS**

Final Expenses	Life Insurance	ACA Obamacare	Mortgage Protection	Annuities
Medicare Advantage	Medicare Supplements	Legal Services	Cashback Universe	Other

**CARRIERS**

**ACA**

Molina Healthcare	Ambetter	Blue Cross Blue Shield	OSCAR	Community Health Ch.	Friday Healthcar
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**Medicare Advantage**

Humana	Aetna	Cigna	Other	United Healthcare	Devoted
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**Life Insurance / Annuities / Ancillaries**

AIG	Assurity	Allianz	National General	Other
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**Final Expenses**

United American	Assurity	Senior Life	Other
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**AGE RANGE**

25	35	40	45	50	55	60	65	70	80 +
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**INCOME LEVEL**

Less than \$20,000	\$25,000	\$50,000	\$ 75,000	\$100,000	\$250,000	\$500,000	\$1,000,000+
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**ZIP CODES/ METROPOLITAN AREAS / CITIES**
