## MY RETIREMENT PROTECTION SUMMARY



Date:		
Medicare Part B:		<u>\$</u>
SS Check: Bank Ac	ct:Quarterly:	
Medicare Insurance	e:	<u>\$</u>
Company:	Plan:	
Dental:		<u>\$</u>
Company:	Plan:	
Cancer:		<u>\$</u>
Company:	Rider Amount:	<u> </u>
Life:		<u>\$</u>
Company:	Type:	
Coverage Amount:	Riders:	

## Arizona Insurance & Retirement Services

Helping people today, live worry-free tomorrow. Call: Dana Artzer @602-376-7260

Email:dana@ivegotitcovered.net