

**HBW Leads - Medicare Supplement Lead**

Agent Name: **TEST AGENT**  
Phone Dialed: **6666666666**

Lead Date: **12/27/2022**  
TM: **Craig Pruitt** DE: **Craig Pruitt**

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Primary: **GEORGE BROWN** Gender: **M** Age: **65**

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Address: **4321 5TH STREET**

Apt:

City: **WALLA WALLA**

State: **WA**

Zip: **99999**

Phone1: **6667777777** Phone2:

Email: [TEST@EXAMPLE.COM](mailto:TEST@EXAMPLE.COM)

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Health Insurance: **Yes**

Has Medicaid: **No**

Current Provider: **ANTHEM4**

Veterans Benefits: **TRICARE**

Health Service: **YEARLY**

Medicare Part B: **n/a**

Retired: **No**

Medicare B Date: **9/15/2023**

Retire Date: **5/12/2023**

Travel Frequency: **Every once in a while**

Ins. With Employer: **Yes**

Annual Household Retirement Income: **150000**

Deferring Surgeries until Medicare: **Yes**

Remarks: **THESE ARE THE REMARKS**