



| Name | | |
|---|------------------|--|
| Address - Line 1 | | |
| Address - Line 2 | | |
| City | State | Zip Code |
| Phone (This is my preferred | d contact method | .) .) |
| Email (This is my preferred | contact method.) |) |
| Company | | |
| I would like more informat (select all that apply) Healthcare/COBRA Group Life Insurance Salary Plan and Disabilit Employee Assistance Pla 401(k) Deferred Profit S Other: | ity Plans an | Best time to meet: Morning (8am - noon) Lunch (12 - 1pm) Afternoon (1 - 5pm) Evening (5 - 7pm) |
| Message: | | |
| | | |

Mail to: Savage and Associates, 655 Beaver Creek Circle | Maumee, OH 43537 Email to: nextphase@savageandassociates.com

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