

TEMPLATETITANHQ

Medicare Annual Review Kit

The done-for-you client review system that keeps your book

2026 EDITION

Professional Templates. Zero Guesswork. More Closed Business.

Start Here

This kit turns the once-a-year client review from a thing you mean to do into a repeatable system you actually run. Used right, it is the single highest-leverage retention activity in your business.

The number that pays for this kit:

Clients who talk to their agent before renewal are far more likely to stay. Retaining one Medicare client protects roughly \$300–\$600 in renewal commission every year they keep the plan — for one review conversation.

What's inside

- The Annual Review System — the 60–90 day cadence that drives retention.
- Client outreach scripts — email, text, and voicemail to book the review (multiple versions).
- The Annual Review Agenda — a structured meeting flow so no client and no benefit gets missed.
- Annual Benefit-Check Checklist — everything to verify each year, in order.
- Client Review Summary — a polished leave-behind that makes you look like the professional you are.
- Referral & next-touch scripts — turn a good review into the next client.

How to use it (5 minutes, once)

1. Open this file in Microsoft Word or upload it to Google Docs (File ▶ Open ▶ Upload).
2. Find-and-replace every [BRACKETED] placeholder once — your name, agency, phone, email, scheduling link. Save it as your master template.
3. Each AEP/renewal season, copy a script, drop in the client's name, and send. Run the agenda on the call. Hand over the summary.

Compliance note — read before you send anything.

These are service and retention communications for your EXISTING clients. Do not insert specific plan names, premiums, or benefit claims into client-facing messages, and do not use them for cold prospecting. Always follow current CMS communication and marketing rules and get your FMO/carrier compliance approval before distributing any client-facing material. This kit is a productivity template, not legal, tax, or compliance advice.

The Annual Review System

Most agents only reach out at renewal — or not at all — and then wonder why clients drift to the call-center ad on TV. A simple, on-time review flips that. Here is the cadence:

When	Move	Why it works
60–90 days before the client's renewal / AEP	Send Outreach Script #1 to book the review	Beats the competition's mail and TV ads to the client's attention
At booking	Confirm by text + calendar invite	Reduces no-shows; shows you're organized
The review	Run the Annual Review Agenda	Every benefit checked = no surprise that sends them shopping
Same day	Hand over / email the Client Review Summary	The leave-behind that makes you memorable and referable
48 hours later	Send the Referral script	People refer right after they feel taken care of
Mid-year	One value touch (birthday / check-in)	Keeps you top-of-mind so renewal is a formality

Set it and it runs itself:

Block one afternoon a week during review season. Pull your clients renewing in 60–90 days, send Script #1 to each, and book. That's the whole engine.

Client Outreach Scripts

Copy a script, replace the [brackets], send. Keep it about service — checking that their plan still fits — never a specific plan pitch.

Email

EMAIL — Book the annual review

Subject: Time for your quick Medicare check-up, [First Name]

Hi [First Name],

It's that time of year again. Plans can change their costs, drug lists, and provider networks for [YEAR], so I set aside time to review yours and make sure it still fits you — before anything renews.

It's a quick 15–20 minute call, no cost and no obligation. I just want to make sure nothing snuck up on you.

Grab a time that works here: [SCHEDULING LINK] — or reply with a couple of times and I'll lock one in.

Talk soon,

[Agent Name] • [Agency] • [Phone] • [Email]

EMAIL — Gentle follow-up (no reply)

Subject: Still want to grab your [YEAR] review, [First Name]?

Hi [First Name], just floating this back up. I'd rather you hear about any [YEAR] plan changes from me than get surprised by a letter. Five-minute call counts — here's my calendar: [SCHEDULING LINK]. — [Agent Name]

Text / SMS

Short, friendly, and only to clients who've opted in to texts. Never include plan specifics in a text.

TEXT — Book

Hi [First Name], it's [Agent Name], your Medicare agent. It's review season — want me to double-check your plan still fits for [YEAR]? Quick call, no cost. Here's my calendar: [SCHEDULING LINK]

TEXT — Confirm appointment

Confirmed! Your review is [DAY] at [TIME]. I'll call you at [PHONE]. Have your member card handy and a list of your doctors + prescriptions. — [Agent Name]

Voicemail

VOICEMAIL — Book the review

Hi [First Name], this is [Agent Name], your Medicare agent — [Phone]. I'm reaching out to my clients to set up your yearly plan review before things renew for [YEAR]. It's quick and there's no cost. Give me a call back at [Phone], or watch for my email with a link to grab a time. Thanks [First Name] — talk soon.

The Annual Review Agenda

Run every review the same way so nothing gets missed and the client feels the difference. Aim for 15–20 minutes.

1. Reconnect (1 min). “Good to talk to you, [First Name] — how's the year been? Any changes in your health, doctors, or medications?”
2. Confirm what they have (1 min). Verify the plan on file and that their card matches.
3. Check what changed for [YEAR] (5 min). Walk the Benefit-Check Checklist (next page): costs, drug list, pharmacy, network, extra benefits.
4. Life changes (2 min). New prescriptions? Moved? Snowbird? Income change that could affect IRMAA? Lost/gained other coverage (SEP triggers)?
5. Confirm or adjust (3 min). If it still fits, confirm and reassure. If it doesn't, explain the options and trade-offs plainly — and follow SOA/enrollment rules before any change.
6. Wrap + summary (2 min). Recap decisions, hand over the Client Review Summary, confirm how to reach you.
7. Referral ask (1 min). Use the script on the last page.

The retention line that works:

“My job is to make sure this still fits you every year — so you never have to figure it out alone or take a chance on a TV ad. I'll always reach out before anything changes.”

Annual Benefit-Check Checklist

Verify each item against the plan's [YEAR] Annual Notice of Change (ANOC). Mark ✓ if unchanged, ✎ if it changed and needs discussion.

#	Check this each year	✓ / ✎ + notes
1	Monthly premium for [YEAR]	
2	Primary care & specialist copays	
3	Drug list (formulary) — are their meds still covered, same tier?	
4	Preferred pharmacy still in-network?	
5	Doctors & hospitals still in-network?	
6	Max out-of-pocket changed?	
7	Extra benefits (dental, vision, hearing, OTC, fitness) — added or dropped?	
8	Part D / drug coverage phase changes for [YEAR]	
9	Any new prescriptions since last review?	
10	Address / pharmacy / doctor changes (network impact)?	
11	Possible SEP trigger (moved, lost coverage, dual/LIS status)?	
12	Income change that could affect IRMAA surcharge?	

Tip: pair this with our IRMAA Calculator and Plan Comparison Tool to run the numbers live on the call.

Client Review Summary

Fill this in during or right after the review and give it to the client. It's the leave-behind that makes you look organized and keeps you top-of-mind. (Keep it free of any specific plan marketing — it's a personal recap of your conversation.)

Your annual review	Details
Client	[First & Last Name]
Review date	[Date]
Your agent	[Agent Name], [Agency]
Reach me anytime	[Phone] • [Email]
We reviewed	Plan costs, drug list, pharmacy, network, and extra benefits for [YEAR]
What we decided	[Keep current plan / Discussed options — summarize]
Action items	[Anything the client or agent will do next]
Next check-in	[Mid-year touch date]

A note from your agent:

Thanks for the time today, [First Name]. My job is to keep an eye on this for you all year — not just at renewal. If anything changes with your health, doctors, or prescriptions, call me first. I've got you covered. — [Agent Name]

Turn the Review Into the Next Client

The best moment to ask for a referral is right after a client feels taken care of. Send this 24–48 hours after the review.

REFERRAL — text or email

Hi [First Name], glad we got your plan squared away for [YEAR]. Quick favor: most of my clients come from people just like you. If you know a friend, neighbor, or family member who's turning 65 or feeling unsure about their Medicare, I'd be glad to help them the same way — no pressure, no cost to talk. Feel free to pass along my number: [Phone]. Thank you! — [Agent Name]

MID-YEAR TOUCH — stay top of mind

Hi [First Name], just checking in — no agenda, just making sure your plan's still treating you right and you don't need anything. You know where to find me: [Phone]. — [Agent Name]

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