



## Coalition of Agencies in Service to the Elderly Bio Information Form

Please complete this writable bio form on your computer and return it by email to [caseniagara@gmail.com](mailto:caseniagara@gmail.com). Please note that this form is uploaded to the CASENiagara website as is. Please be sure to check your spelling and grammar. You may need to save a copy to your computer and attach it to an email to return it.

Date: **,01/28/2020**

Name: **Sally Stier**

Title: **President**

Agency Name: **Clarity Group of NY**

Complete Mailing Address: **4976 Transit Rd, Depew, NY 14043**

Phone: **716-860-3143**

Fax:

Email address: **sallystier@claritygroupny.com**

Website address: **www.claritygroupny.com**

What age range do you serve? **65+, sometimes younger with certain disabilities**

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A brief description of your position: **I lead a team of 20 agents specializing in Medicare.**

A brief description of what your agency does: **We offer Medicare Insurance plans from multiple carriers.**

Please list any other programs your agency provides: **We analyze clients medical and prescription needs to help them choose the Medicare Plan that best suits their needs.**

C.A.S.E.

P. O. Box 4088, Niagara Falls, NY 14304

[caseniagara@gmail.com](mailto:caseniagara@gmail.com)

[www.caseniagara.com](http://www.caseniagara.com)