



Coalition of Agencies in Service to the Elderly
Bio Information Form

Date: **8/24/18**

Name: **Sally Stier**

Title: **President**

Agency Name: **The Clarity Group**

Complete Mailing Address: **5334 Transit Rd, Suite 5, 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+ or younger with certain disabilities.**

A brief description of your position: **The Clarity Group is an agency which specilaizes in Medicare insurance plans.**

A brief description of what your agency does: **Our agency is contracted with several insurance carriers. . We offer Medicare Advantage plans, Prescription Drug plans and Medicare Supplement plans. We help people understand Medicare and select the plan that best suits their needs.**

Please list any other programs your agency provides: **We also assist our clients with financial assistance programs such as Extra Help with Prescription drugs, Medicare Savings Plan and EPIC.**

C.A.S.E.
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