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OCTOBER 2019



Finally! It's football season! I belong to a Facebook group of people in my community. A little while ago they were talking about some injuries that occurred at a local high school football game. And then they were talking about a car accident in the vicinity. And it got me to thinking about safety and what we can do to protect ourselves (note to self: don't play football). So this month, we're talking about the different ways we all can protect ourselves.

October is National Breast Cancer Awareness Month. We're all super busy, so making (and keeping) doctor's appointments can sometimes slip through the cracks. This month serves as a reminder that staying on top of your screenings can be a lifesaver.

When my dad passed away 20-some years ago at the young age of 66, I started taking baby aspirin since heart problems run in my family. I didn't really keep up with it very regularly and eventually just stopped, but I know a lot of people did/still do. New evidence is out showing that might not be advisable any more. Read all about the study and the new recommendations on page 5.

We're always trying to bring you news on the latest scams. Lately I've been getting automated phone calls purporting to be the Social Security Administration and claiming that they're "freezing my benefits" unless I "press 1" and continue with the call. My 14-year old got the calls too. Scary right? This month our friends at AARP give us insight into these scams from a conman's point of view. So interesting!

And then the last big topic of the day: Who do you have for this weekend's game??

Happy October!

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October is National Breast Cancer Awareness Month



BREAST CANCER FACTS:

- It's caused when the cells that make up the breast tissue fail to die; instead they endlessly divide and eventually grow into tumors.
- If detected early on, then there is a good chance the cancer can be successfully treated.
- One woman in eight in the U.S. will develop breast cancer during her lifetime.
- Nine out of 10 lumps turn out to be non-cancerous.
- 80% of all breast cancers occur in post-menopausal women. Risk increases with age; it's very rare for anyone under 25 to be diagnosed with breast cancer.
- In 2019, an estimated 268,600 new cases of invasive breast cancer are expected to be diagnosed in women in the U.S., along with 62,930 new cases of non-invasive (in situ) breast cancer.
- About 2,670 new cases of invasive breast cancer are expected to be diagnosed in men in 2019. A man's lifetime risk of breast cancer is about 1 in 883.
- Breast cancer incidence rates in the U.S. began decreasing in the year 2000, after increasing for the previous two decades. They dropped by 7% from 2002 to 2003 alone. One theory is that this decrease was partially due to the reduced use of hormone replacement therapy (HRT) by women after the results of a large study called the Women's Health Initiative were published in 2002. These results suggested a connection between HRT and increased breast cancer risk.
- For women in the U.S., breast cancer death rates are higher than those for any other cancer, besides lung cancer.
- Besides skin cancer, breast cancer is the most commonly diagnosed cancer among American women. In 2019, it's estimated that about 30% of newly diagnosed cancers in women will be breast cancers.
- In women under 45, breast cancer is more common in African-American women than white women. Overall, African-American women are more likely to die of breast cancer. For Asian, Hispanic, and Native-American women, the risk of developing and dying from breast cancer is lower.
- A woman's risk of breast cancer nearly doubles if she has a first-degree relative (mother, sister, daughter) who has been diagnosed with breast cancer. Less than 15% of women who get breast cancer have a family member diagnosed with it.
- About 5-10% of breast cancers can be linked to gene mutations inherited from one's mother or father. Mutations in the BRCA1 and BRCA2 genes are the most common. An increased ovarian cancer risk is also associated with these genetic mutations. In men, BRCA2 mutations are associated with a lifetime breast cancer risk

of about 6.8%; BRCA1 mutations are a less frequent cause of breast cancer in men.

- About 85% of breast cancers occur in women who have no family history of breast cancer. These occur due to genetic mutations that happen as a result of the aging process and life in general, rather than inherited mutations.
- The most significant risk factors for breast cancer are gender (being a woman) and age (growing older).

WARNING SIGNS INCLUDE:

- A change in the shape or size of the nipple or breast; one breast may become noticeably larger or lower.
- Any changes to the position or coloring of the nipple.
- Discharge from one or both nipples.
- A rash around the nipple.
- Dimpling, denting, scaling or discoloration of the skin.
- A lump or swelling in the breast, armpit or arm.
- A pain in the breast or armpit that is new for you.
- A distinct lump, like a pea, or thickening in the breast that feels different from the rest of the breast.

HOW TO CHECK FOR IT:

Because breast tissue can vary at different times of the month, it is important to check both your breasts at the same time each month.

- Stand in front of the mirror with your hands at your sides and check your breasts to see if they look any different. Repeat with your hands on your hips, pressing the shoulders and armpits forward.
- Then clasp your hands behind your head and turn from side to side to check that both nipples move up and down at the same time.
- While in the bath or shower, raise your left arm and feel your left breast with the flat of your right

hand. Starting from the outer top, press firmly enough to feel the tissue underneath and move in a circular motion. When you have completed a circle, move inwards slightly and repeat circling. Continue this until you have checked the entire breast including the nipple. Also check the area above the breast, especially the armpit. Repeat on the other side.

- Lie with a pillow under your left shoulder and repeat the check. Don't freak out if you do find anything—just get it checked by your doctor.

SCREENING

Screening tests are used to find cancer before a person has any symptoms. Here are the American Cancer Society's recommendations to help guide you.

- Women ages 40 to 44 have the choice to start annual breast cancer screening with mammograms (x-rays of the breast) if they wish to do so.
- Women age 45 to 54 should get mammograms every year.
- Women 55 and older should switch to mammograms every 2 years, or can continue yearly screening.
- Screening should continue as long as a woman is in good health and is expected to live 10 more years or longer.
- All women should be familiar with the known benefits, limitations, and potential harms linked to breast cancer screening.

Women should also know how their breasts normally look and feel and report any breast changes to a health care provider right away.

Some women—because of their family history, a genetic tendency, or certain other factors—should be screened with MRIs along with mammograms. (The number of women who fall into this category is very small.) Talk with a health care provider about your risk for breast cancer and the best screening plan for you.

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Aspirin:

It's Not an Ounce of Prevention

You should not take daily low-dose aspirin on your own without talking to your doctor.

For decades, a daily dose of aspirin was considered an easy way to prevent a heart attack, stroke or other cardiovascular event.

Recently, though, a string of studies are challenging that assumption. With this latest research in mind, a new set of heart health guidelines advising against daily aspirin use for prevention were issued jointly by the American College of Cardiology (ACC) and the American Heart Association (AHA). The two groups agree that for older adults at low risk—no history of heart attack, stroke or cardiac surgeries—the risk of bleeding that comes with daily low-dose aspirin (typically 81 milligrams) is now thought to outweigh any heart benefit. That means that it may actually cause more harm than good.

“We’re talking about healthy people who don’t have known heart disease or stroke risk, who might have been considering or are already taking an aspirin to prevent that heart attack or stroke in the first place,” said Dr. Erin Michos, one of the writers of the new guidelines.

The AHA and ACC stressed that daily aspirin does have an important role to play for people at high risk—those with a prior history of heart attack, stroke or cardiac procedures such as stenting or open-heart surgery. In those cases, daily use of the blood-thinning pill “can be lifesaving,” the groups said.

The Studies

According to three significant studies published last year and one major analysis released this year that looked at 10 other studies, the benefit from taking a daily low-dose aspirin was offset by the danger of internal bleeding and other side effects in people considered to be at low or moderate risk for heart disease. One study in particular found aspirin

had no obvious benefit for healthy people older than 70, but did find evidence for harm.

“Clinicians should be very selective in prescribing aspirin for people without known cardiovascular disease,” Dr. Roger Blumenthal, co-chair of the 2019 ACC/AHA Guideline on the Primary Prevention of Cardiovascular Disease and professor of cardiology at Johns Hopkins Medicine in Baltimore, said in a statement. “It’s much more important to optimize lifestyle habits and control blood pressure and cholesterol as opposed to recommending aspirin.”

Why the Change?

In addition to the research, we are now much better at treating risk factors such as hypertension, diabetes and especially high cholesterol. The guidelines do state that people who find they have trouble lowering their high cholesterol or controlling their blood sugar might also be considered for daily low-dose aspirin, as long as their risk for bleeding doesn’t outweigh any potential benefit.

“The most important way to prevent cardiovascular disease, whether it’s a build-up of plaque in the arteries, heart attack, stroke, heart failure or issues with how the heart contracts and pumps blood to the rest of the body, is by adopting lifetime heart healthy habits,” Blumenthal said. That includes staying away from smoking, secondhand smoke and vaping. It also means sticking to heart-healthy diets that focus on fruits, vegetables, nuts, whole grains and fish. Intake of salt, saturated fats, fried foods, processed meats and sugary beverages should all be kept to a minimum. Including 150 minutes per week of moderate-intensity exercise (brisk walking, swimming, dancing or biking, for example) is recommended, as is maintaining a healthy weight.

And what about cholesterol? Healthy living helps keep arteries clear, but if more help is needed, statins might be recommended. “Statins should be recommended along with lifestyle changes to prevent cardiovascular disease among people with elevated low density lipoprotein [LDL] cholesterol levels at or above 190 mg/dl,” the two groups explained in the statement. Statins may also be indicated for people with type 2 diabetes and anyone who is deemed to have a high likelihood of having a stroke or heart attack based on their medical history and risk factors.

Know the Risks

Because aspirin thins the blood, it can cause several complications. Tell your doctor if any of these situations apply to you. You should not take daily low-dose aspirin without talking to a doctor if you:

- Have an aspirin allergy or intolerance.
- Are at risk for gastrointestinal bleeding or hemorrhagic stroke.
- Drink alcohol regularly.
- Are undergoing any simple medical or dental procedures.
- Are over the age of 70.

There is a risk of stomach problems, including stomach bleeding, for people who take aspirin regularly. Alcohol use can increase these stomach risks. If you are told to take aspirin, ask your doctor if it is safe for you to drink alcohol in moderation.

How does aspirin help prevent heart attack and stroke?

Most heart attacks and strokes occur when the blood supply to a part of your heart muscle or brain is blocked. This usually starts with atherosclerosis, a process in which deposits of fatty substances, cholesterol, cellular waste products, calcium and other substances build up in the inner lining of an artery. This



buildup is called plaque.

Plaque usually affects large and medium-sized arteries. Plaques can grow large enough to significantly reduce the blood’s flow through an artery. But most of the damage occurs when a plaque becomes fragile and ruptures. Plaques that rupture cause blood clots to form that can block blood flow or break off and travel to another part of the body. This is called an embolism.

- If a blood clot blocks a blood vessel that feeds the heart, it causes a heart attack.
- If a blood clot blocks a blood vessel that feeds the brain, it causes a stroke.

Aspirin thins the blood, which helps prevent blood clots from forming.

Should I take aspirin during a heart attack or stroke?

The most important thing to do if any heart attack warning signs occur is to call 9-1-1 immediately. Don’t do anything before calling 9-1-1. In particular, don’t take an aspirin, then wait for it to relieve your pain. Aspirin won’t treat your heart attack by itself.

Taking aspirin isn’t advised during a stroke because not all strokes are caused by blood clots. Most strokes are caused by clots, but some are caused by ruptured blood vessels. Taking aspirin could potentially make these bleeding strokes more severe.

What’s the bottom line?

The best way to know if you can benefit from aspirin therapy is to ask your health care provider. You should not start aspirin on your own.



At What Price Protection?

By Christine Benz

For investors and purchasers of financial products, a useful exercise is to visualize who's on the other side. If you're buying, that means someone else is selling. What are their motivations? What information do they have that you don't, and vice versa?

What's in It for Them?

Asking “What’s in it for them?” is even more valuable for purchasers of financial products with more permanence attached to them, such as life insurance and annuity products. After all, if for-profit insurers are willing to engage in a long-term relationship with you (they’re signing on to make good on your eventual claims), they must believe that relationship will make financial sense for them, too. Not every customer will be a moneymaker: Some insured parties and annuitants will make more than they paid in, and that’s the nature of the risk pooling that goes on with insurance products. But insurers write policies that they believe will, on average, be profitable to them, once they’ve invested your premiums and paid out any claims due.

Asking what the insurer is getting out of the deal is particularly important

in the realm of products that protect you against a range of outcomes. The more scenarios in which you’re eligible for some type of payout, the higher the implicit or explicit costs you should expect to pay.

Hybrid long-term care (LTC)/life insurance and LTC/annuity products are a perfect example. In contrast with pure LTC insurance, which pays out only if you have a long-term care need, hybrid products cover you in a few different scenarios. If a purchaser of a LTC/life insurance hybrid dies without needing long-term care, the full death benefit would be paid out to the heirs. On the other hand, if the insured has a long-term care need, funding such care would reduce the cash value of the policy accordingly.

Sales tell the story. The insurance industry sold more than twice as many pure LTC insurance policies than hybrids in 2012; that relationship had nearly reversed itself by 2016. Many insurance firms have pulled out of the pure LTC insurance marketplace altogether: there were more than 100 firms selling LTC insurance in 2000, there were just 15 firms selling the products in 2014.

It’s not hard to see why the hybrid products are an easier sell than pure LTC policies. LTC insurance/life

and LTC/annuity hybrids enable you to pay fixed premiums or purchase coverage with a lump sum and have more lenient underwriting standards than pure LTC policies. In addition, the hybrid products help consumers overcome a mental hurdle that many face with pure LTC. Purchasers of LTC policies (like purchasers of any pure insurance product) risk paying years of premiums for insurance they never use. Meanwhile, purchasers of hybrid policies are guaranteed to receive at least some benefit in the end—either life insurance that will go to their heirs, or annuity payments they can spend in their lifetimes.

But while purchasers of hybrid policies gain benefits, they also face implicit costs. By plunking down a lump sum, the purchaser of the hybrid policy effectively cedes the right to earn a higher return on that money in a favorable yield environment, turning it over to the insurer instead. Because the insurance company controls the cash value of the policy, it is under no obligation to increase cash value as prevailing yields trend up, and in fact, some policies don’t promise any growth of principal at all.

Equity indexed annuities are another example of a product with appealing options, but they’re far from a free

lunch. These annuities guarantee the purchaser a minimum return amount while also participating in the stock market’s gains while offering tax deferral on the investment gains. Purchasers pay dearly for those protections. In addition to steep ongoing costs and high surrender charges, the purchaser typically forks over a portion of the portfolio’s return to “the house,” in that gains from the equity market are capped in some fashion. Thus, the all-in costs associated with these products—both explicit costs and implicit opportunity costs—can be high.

That’s not to suggest that these products are ill-advised. Hybrid LTC/life insurance products, in particular, give consumers the chance to buy a baseline of long-term care protection when the alternative would be to go without. The point is to go into any purchase decision with your eyes wide open to whatever benefits you’re receiving as well as what you’re giving up. If you’re forking over a portion of your portfolio for protection, what are the costs? Who’s on the other side of the table, and what do they have to gain? If you think through these questions, you’ll have a better chance of making a decision that will ultimately be in your best interest.

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Scammers Never Sleep

Wendell Alfred, a Lewes resident, knows all about scams and con artists. He spent much of his career in law enforcement and is now an AARP Fraud Fighter in Delaware. In the aftermath of Hurricane Sandy in 2015, Wendell saw how con artists were taking full advantage of the damage and destruction some residents saw in the beach communities in Sussex County.

“Home improvement scams were rampant,” said Wendell. “These scammers would go door-to-door claiming to be handymen, and then take people’s money claiming they’d return with the materials to make repairs to the homeowners’ walkways, lawns, windows and more.”

Unfortunately, these trusting homeowners never saw their money again and, needless to say, never got the necessary home repairs promised. Scams can occur door-to-door, online or by phone.

Into the Ether

When authorities ask convicted con artists to describe the trick to scamming people out of money, they all say the same thing: “Get them into the ether.” The “ether” is a heightened

emotional state that makes it hard to think clearly and make rational decisions. Con artists ask questions that trigger an emotional response. Once they find something you care about that triggers your emotions, they will “throttle up” on that trigger, getting you to focus on it until you’re in a heightened emotional state and ready to open your wallet.

“Rocky” is a con man who worked as a consultant to a number of fraudulent boiler rooms (imagine an outbound call center set up to steal millions from unsuspecting people, which closes as quickly as it opened, the money long gone). He says a master closer gets a person into the ether by hitting their fear, greed and urgency buttons.

“I wanted to keep the victim up in the altitude of the ether because once they drop into the valley of logic, I’ve lost them,” he says.

The Cons

Con artists have perfected the art of making a personal connection with a potential victim. Scammers will develop your “victim profile” by asking a series of personal questions in order to find your

emotional trigger. Once they wrap you in emotion that blurs your logic, they’ve endeared you to them and you begin to trust them.

Another tactic is to dangle “phantom riches”—something you want, but can’t have—in front of you. Scammers are experts at getting you so excited that you’ll make an impulsive decision. Researchers say this is the number one tactic found in undercover audiotapes of con pitches.

Scarcity is yet another tactic. It is the idea that if something is rare or scarce, it must be valuable. The con artist will paint a picture that the offer is rare or available only for a limited time.

A common tactic to reel you in typically goes something like this: “Now John, back in 1860 from the Philadelphia mint, there were 22,625 of these coins minted. Of those 22,000, only four have survived. Only four for God’s sake, just four remain and are available only from me.”

This information and more can all be found in the “Con Artists Playbook.” The Con Artist’s Playbook is part of AARP’s Fraud Watch Net-



work, which contains this interview and others, along with access to information to help protect people from theft and fraud.

The Fraud Watch Network gives you free access to information about how to protect yourself and your family. Membership in AARP is not required. It’s free and open to everyone—members, non-members and people of all ages. You can talk to a real, live person, learn about active scams, and find resources that teach you how to spot and avoid them.

In keeping true to its mission of protecting the financial security of older adults, AARP is launching this local campaign to fight identity theft and fraud in Delaware. Get this information, watchdog alerts and more by visiting aarp.org/fraudwatchnetwork or call 877-908-3360.

What Makes a Strong Password

Most people know they’re supposed to create strong, unique passwords for all of their accounts, but not everyone does. Meanwhile, the high-profile hacks and thefts of consumer information continue to pile up, serving as powerful reminders of the importance of good password hygiene. Here are some tips for setting good passwords and protecting them.

Go Long and Complicated

Though “Password123” may be easy to remember, it’s a disaster when it comes to security. Hackers usually try the obvious options first.

Ideally, a password should be composed of a long string of seemingly random uppercase and lowercase letters, numbers and symbols, says Dan Nadir, vice president of digital risk for the cybersecurity firm Proofpoint. “The easier it is for you, the easier it is for the bad guys,” Nadir says.

If it’s easier for you to remember a word than a string of characters try substituting a \$ for an S or a zero for an O, the number 4 for the word “for,” or choose nicknames that only you use. For instance, maybe you can remember the phrase “I do love my son Bob.” You could choose “Idlm\$B0B” (Uppercase I, lower case D L M for do love my, \$ for S, uppercase B, zero for O, uppercase B). Shoot for a minimum of 8 letters and characters.

Don’t Recycle

Even a tech minimalist has countless passwords these days for everything from bank accounts to Pinterest. That’s a lot to remember, but don’t follow the temptation to use the same password for multiple accounts or to recycle an old favorite. I recently got an email from a store that I shop online that stated that they were requiring me to change my password because it might be similar to passwords I use on other sites (which

was true). I got online and chatted with their customer service rep to find out if the email came from them because I didn’t want to click on a link in the email they sent. It did, so I changed the password. And then started changing others too. It’s best if you use a different password for every account you have.

Consider a Password Manager

If coming up with unique login credentials for every account is too hard (I actually have a 17-page Word document with all my passwords!), consider using a password manager. Services including Keeper Password Manager, LastPass, Sticky Password Premium and Dashlane can create long, effective passwords for each of your accounts, and enter them for you as needed. You’ll need to download software to your laptop and, if you choose, an app to your smartphone. Then swap out your old passwords as quickly or gradually as you like.

Turn on Two-factor Authentication

Many sites allow you to turn on this setting, which requires users to enter a second form of identification, such as a code texted to a smartphone or a biometric identifier, such as a thumbprint.

That makes it a lot harder for hackers to access your account, even if they have the password. Yes, this will slow you down a bit, but it just may be enough to make hackers look for another target.

Though good passwords are important, turning on multifactor is a must whenever possible, Nadir adds. “Ultimately, that’s going to be the thing that’s going to save you.”

Brought to you by Karyn Cortez, and Consumer Reports.

Medicare Open Enrollment Begins October 15

For 2020 coverage, Medicare open enrollment will run from October 15, 2019, to December 7, 2019. During the annual enrollment period (AEP) you can make changes to various aspects of your coverage.

- Change from Original Medicare to a Medicare Advantage Plan.
- Change from a Medicare Advantage Plan back to Original Medicare.
- Switch from one Medicare Advantage Plan to another Medicare Advantage Plan.
- Switch from a Medicare Advantage Plan that doesn't offer drug coverage to a Medicare Advantage Plan that offers drug coverage.
- Switch from a Medicare Advantage Plan that offers drug coverage to a Medicare Advantage Plan that doesn't offer drug coverage.
- Join a Medicare Prescription Drug Plan.
- Switch from one Medicare drug plan to another Medicare drug plan.
- Drop your Medicare prescription drug coverage completely.

There are 2 main ways to get Medicare coverage:

Original Medicare – Includes Part A (hospital insurance) and Part B (medical insurance). You can use any doctor or hospital that takes Medicare, anywhere in the U.S.

- If you want drug coverage, you can join a separate Medicare Prescription Drug Plan (Part D).
- To help pay your out-of-pocket costs in Original Medicare (like your 20% coinsurance), you can also shop for and buy supplemental coverage like a Medicare Supplement Insurance (Medigap) policy.

If you don't get Part D (prescription coverage) or a Medigap policy when you're first eligible, you may have to pay more to get this coverage later. For Part D, this could mean a lifetime premium penalty.

Medicare Advantage – An "all in one" alternative to Original Medicare. These "bundled" plans include Part A, Part B, and usually Part D.

Most plans offer extra benefits that Original Medicare doesn't cover—like vision, hearing, dental, and more.

- Plans may have lower out-of-pocket costs than Original Medicare.
- In most cases, you'll need to use doctors who are in the plan's network.

Auto-renew your coverage

If you're already enrolled in a Medicare Part D prescription plan or a Medicare Advantage Plan and you *don't want to make changes* to your coverage for the coming year, you don't need to do anything during open enrollment, assuming your current plan will continue to be available. If your plan is being discontinued and isn't eligible for renewal, you will receive a non-renewal notice from your carrier prior to open enrollment. If you don't, it means you can keep your plan without doing anything during open enrollment.

But be aware that your benefits and premium could change from one year to the next. So even if you're confident that you want to keep your current coverage for next year, it's important to make sure you understand any changes that may apply, and that you've double checked to make sure that your current plan is still the best available option. The available plans and what they cover change from one year to the next, so even if the plan you have now was the best option when you shopped last year, it's important to verify that again before you lock yourself in for another year.

2020 Medicare coverage changes

- Medigap plans that cover the Part B deductible (Medigap plans C and F) will no longer be available for purchase by newly-eligible Medicare beneficiaries. This rule change was part of MACRA (the Medicare Access and CHIP Reauthorization Act of 2015), and it was made because politicians felt that imposing the Part B deductible on all enrollees would help to avoid over-utilization of health care. When a person has Medigap Plan C or Plan F, they can receive all Part B services without any out-of-pocket costs. But if they have a Medigap plan that doesn't cover the Part B deductible, they

have to pay at least \$185 for Part B services in 2019 (the Part B deductible increases over time, but it's much smaller than the deductible under Part A, which can continue to be covered under Medigap plans sold to new enrollees in 2020 and beyond). People who already have Medigap Plans C and F will be able to keep them, and people who are already eligible for Medicare prior to 2020 will still be able to buy those plans. But for newly-eligible enrollees, Plan C and Plan F will be discontinued after the end of 2019.

The donut hole is being eliminated in 2020 for generic drugs.

(It was eliminated one year ahead of schedule, in 2019, for brand-name drugs). The gap in prescription drug coverage (the donut hole) starts when someone reaches the initial coverage limit (\$3,820 in 2019), and ends when they have spent \$5,100. Prior to 2011, Medicare Part D enrollees paid the full cost of their medications while in the donut hole. But the ACA has been steadily closing the donut hole, and it will be fully closed by 2020, when enrollees in standard Part D plans will pay just 25 percent of the cost of their drugs all the way up to the catastrophic coverage threshold (many insurers offer plans with lower cost-sharing). The Medicare Part D maximum deductible will be \$435 in 2020, up from \$415 in 2019 (it increases each year).

Medicare Advantage plans will continue to see changes.

Medicare Advantage plans continue to gain in popularity. 34 percent of Medicare recipients were enrolled in a Medicare Advantage plan in 2018—a significant increase from the enrollment total in 2010 when the ACA was signed into law (as of early 2019, CMS reports that about 37 percent of Medicare beneficiaries have private coverage instead of Original Medicare; the vast majority of those enrollees have Medicare Advantage). Most people continue to have numerous Medicare Advantage plans as well as Part D plans available to them. However, these providers can change the coverage options they offer from year to year so it's important to stay up-to-date.

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Medicare, A Simple Explanation

By Davida Smith-Reed, Social Security District Manager in Wilmington, DE



Social Security and Medicare are both programs that are household names, but do you know the true difference? Both programs help safeguard millions of Americans as well as improve the quality of life for their family and friends. While Social Security offers retirement, disability, and survivors benefits, Medicare provides health insurance.

Medicare is our country’s health insurance pro-

gram for people age 65 or older and younger people receiving Social Security disability benefits. The program helps with the cost of health care, **but it doesn’t cover all medical expenses or the cost of most long-term care.**

When you first enroll in Medicare and during certain times of the year, you can choose how you get your Medicare coverage. There are 2 main ways to get Medicare:

Original Medicare

Original Medicare includes Medicare Part A (Hospital Insurance) and Part B (Medical Insurance). If you want drug coverage, you can join a separate Part D plan. To help pay your out-of-pocket costs in Original Medicare (like your deductible and 20% coinsurance), you can also shop for and buy supplemental coverage. Examples include coverage from a Medicare Supplement Insurance (Medigap) policy, or from a former employer or union.

Medicare Advantage (also known as Part C)

Medicare Advantage is an “all in one” alternative to Original Medicare. These “bundled” plans include Part A, Part B, and usually Part D. Part C plans may have lower out-of-pocket costs than Original Medicare. They also may offer extra benefits that Original Medicare doesn’t cover—like vision, hearing, dental, and more.

If you can’t afford to pay your Medicare premiums and other medical costs, you may be able to get help from your state. States offer programs for people eligible for or entitled to Medicare who have low income. Some programs may pay for Medicare premiums and some pay Medicare deductibles and coinsurance. To qualify, you must have limited income and resources.

You can learn more about Medicare, including how to apply for Medicare and get a replacement Medicare card, at www.socialsecurity.gov/benefits/medicare.

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Putting Pain in Its Place

Pain. It's one of the most universal experiences of people living with advanced stage or terminal illness. From the swelling associated with congestive heart failure to the effects of a tumor, pain has many sources and shows its face in many ways.

But few people are aware of a critical resource to help them get their pain under control: hospice/palliative care.

At Delaware Hospice, our hospice/palliative care team works in partnership with your own doctor to improve your wellbeing and quality of life. Because of our unique role and approach, we can help you get a better handle on your pain.

Pain management benefits of hospice/palliative care include:

- **Tapping our team's pain management expertise.** Because pain management is what we do every day, we already have extensive experience and training in what medicines and therapies work well in different situations. Familiarity with the typical side effects of different treatments enables us to plan accordingly so we can maximize your comfort.

- **Getting 24/7 support to rapidly address changes in pain symptoms.** Because we're always only a phone call away, we can help you avoid unnecessary trips to the ER or an excruciating wait for an appointment with your doctor to reign in pain symptoms.

- **Regularly assessing patients' goals.** Some patients want maximum pain relief. Others want to prioritize alertness over their level of pain control. And sometimes those goals shift—like when a patient wants to adjust their medications so they're better focused for an upcoming wedding. Whatever your priorities are, we're here to help you achieve them.

- **Preventing new pain from arising.** Our holistic approach includes teaching you and your family how to avoid common problems associated with advanced illness, such as falls and bedsores.

- **Addressing emotional, social, or spiritual pain.** Our counselors, social workers, and chaplains are available to help you and your family cope with the social, spiritual, and emotional pain associated with an illness.

Just the other day we enrolled a patient who had been coping with growing chest and leg pain for several months. It wasn't until a fall sent her to the

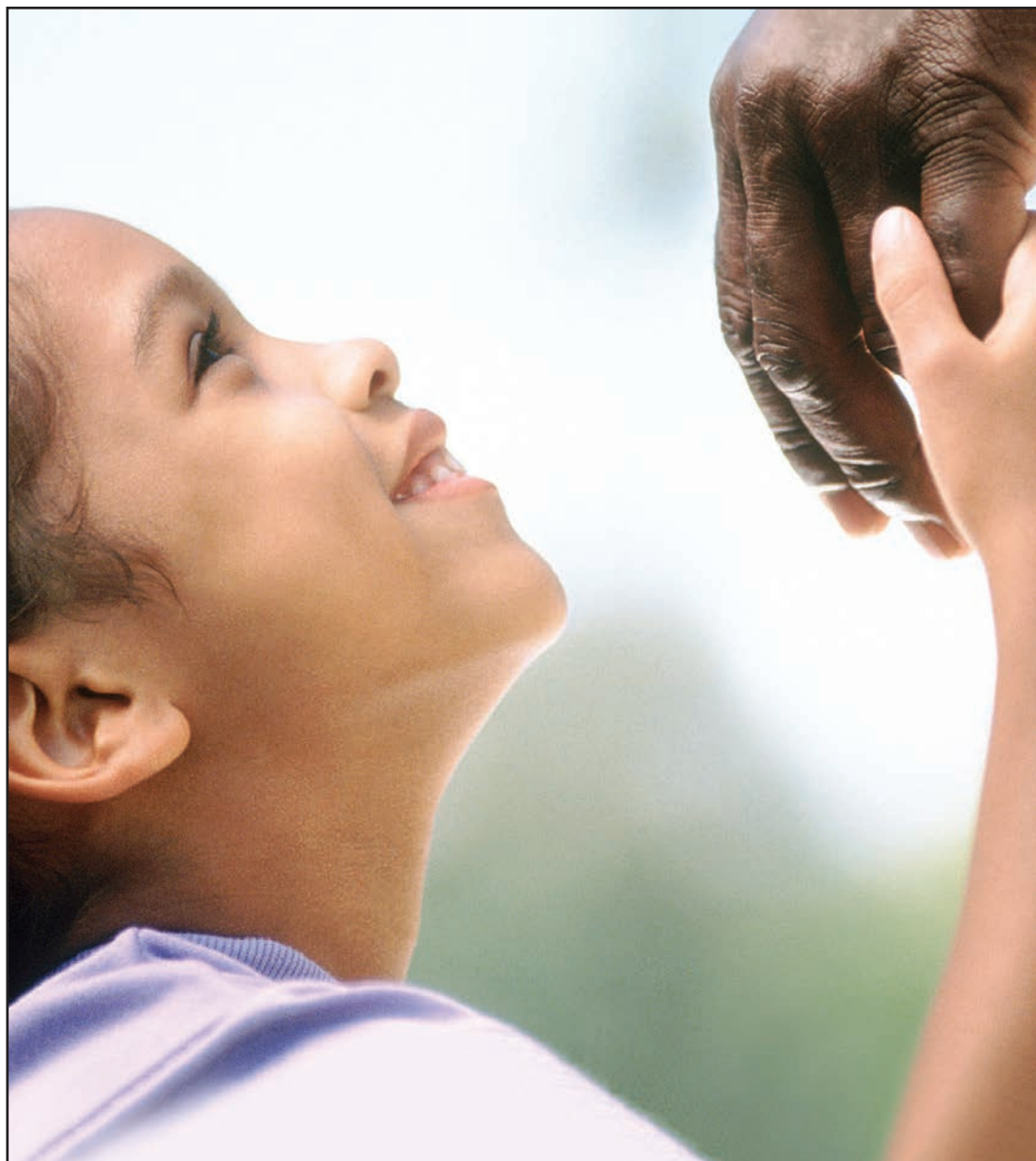


ER that she finally learned how hospice care could help. After only 24 hours in hospice care, she couldn't believe what a difference it made—she said she felt the best she had in the last six months!

Of all the feedback we receive from patients and their families, there's one regret we hear repeatedly: I wish I had known about hospice/palliative care sooner. Being enrolled in hospice/palliative care earlier means getting your symptoms in check earlier. And as new problems arise, you'll already have someone standing by to help.

Even if you're not sure if hospice/palliative care is right for you, we're here to help you identify your options. Answering questions is what we do.

After all, a little information can't hurt! Visit delawarehospice.org or call 302-478-5707 to learn more.



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HELP YOUR PET HAVE FUN ON HALLOWEEN — and WHAT TO DO IF HE'S NOT

By Dr. Marty Becker DVM

It's almost time for trick-or-treat! The pumpkins are out and candy's ready—but is your pet?

Not all dogs and cats relish this holiday. For some, wearing a costume and greeting kids is a fun way to spend the night. But others may be uncomfortable getting dressed up, or nervous around people, or terrified by the doorbell. Consider your pet's personality when you're deciding just how much spooking is enough.

Here are a few ways to make Halloween fun for everyone and some easy tips for dealing with pets who just aren't that into it.

How to Have a Happy Howl-o-ween Costume with care. Many of us love to dress our pets up for Halloween, but it takes planning and pa-

tience. Buy the costume well ahead of time so you can make sure it fits comfortably—it shouldn't restrict your pet's ability to move around or breathe—and that he doesn't mind wearing it. Make sure it doesn't have buttons, bows, fringe or other items that are easily chewed off and swallowed. And never leave your pet in costume when he's unsupervised. If your pet just isn't into dressing up—if he resists putting his costume on or struggles to get out of it—let him join the party in his birthday suit, or maybe a Halloween-themed collar for a little pizzazz.

Find a pet-friendly party. Is your dog or cat a social butterfly? Pet-friendly Halloween parades and costume contests at local parks, humane societies or other venues could be fun. A word of warning, though: You need to know that your pet is comfortable and polite in public before you commit to a group gathering. A parade or costume contest is not the way to socialize a shy or fearful pet. If

you're unsure about your pet's ability to manage a crowd, do something fun at home instead.

Share the treats. Stock up on Halloween-themed pet treats—you can find all kinds of pumpkin-flavored, bat-shaped or, of course, bone-i-fied snacks to reward your pet. Slices of apple spread with peanut butter, plain yogurt or squeeze cheese are sure to be a hit with dogs. When costumed kids or party guests come calling, reward your pet for doing tricks or sitting quietly when the doorbell rings.

Allow him to opt out. Less social pets may prefer to skip trick-or-treat in favor of some quiet time in a pet-safe room. You can still make it a party: Treat him when he's getting settled in, and then visit throughout the evening to reward him with more treats and some one-on-one attention. And keep in mind that even if your pet is a party animal, he may be spooked by people in costume. If



your friends want to say hi, ask them to take off their masks first.

Keep it safe. Keep candy—especially anything containing chocolate or xylitol—well out of reach. This also holds true for Halloween decorations, such as fake eyeballs and cobwebs, glow sticks and potpourri, all of which can pose a risk to your pet if ingested. And finally, make sure your pet has visible identification, including a collar and tag, plus a microchip with current contact information, in case he escapes your house or yard and goes roaming with the goblins.



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Fall in Delaware

As cool, crisp days settle in and the fall season is made official, a need for celebration comes to life, bringing with it joyous festivals, delicious bites and endless fun.

Fall Foliage: The changing leaves reach their peak from mid to late October in Delaware, giving travelers a perfect opportunity to explore the state's scenic drives. Some top viewing locations include the Brandywine Valley National Scenic Byway, which winds past the majestic mansions among the rolling hills of northern Delaware. State parks such as **Trap Pond, Lums Pond,** and **Killens Pond** provide excellent opportunities for viewing vibrant fall colors while hiking down peaceful trails, or just spend the day watching birds from around the globe migrate to and from **Bombay Hook National Wildlife Refuge.**

Amazing Festivals: Somehow the season seems sweeter when you're with friends and family at a joyful fall festival. In the southern portion of the state, the Bridgeville Apple-Scrapple Festival and annual Sea Witch Halloween & Fiddler's Festival are fun for the whole family while farther north, festivals geared toward adults like the Odessa Brewfest and Brandywine Festival of the Arts flourish.

Craft Beverage: With the **Delaware on Tap** app, it's a snap checking

out Delaware's top breweries, wineries, meaderies and cideries, ranging from scenic **Salted Vines Vineyard & Winery** and **Harvest Ridge Winery** to the nationally revered, off-centered **Dogfish Head Brewery,** just a quick trip from the beach.

More Music, Food and Fun: If you're ready to raise your glass and step onto the dance floor, a few of Delaware's food-and-fun gatherings are not to be missed. Thousands gather under the big tent for authentic German treats and enthusiastic toasts at the Delaware Saengerbund Oktoberfest. And the Freeman Stage at Bayside Arts & Jazz Festival always starts the beach's shoulder season with a song (BYOC – Bring Your Own Chair!) while the Rehoboth Beach Jazz Festival will have you tapping your toes.

Orchard Picks: Each Saturday in October, Delaware's **Fifer Orchards & Country Store** in Camden-Wyoming hosts its Fall Fest, pumpkin picking, hayrides, a corn maze and plenty of other captivating kid-friendly fun. The mouthwatering apple cider, apple cider doughnuts and freshly baked pies are a highlight of any visit to the Orchard. **T.S. Smith & Sons** in Bridgeville has you covered with apple picking, jams, honey and more.

For more great ideas, go to www.visitdelaware.com.

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9	2	5	6	8	3	1	4	7
7	8	4	9	1	2	5	3	6
8	3	9	5	4	7	6	2	1
6	4	1	2	3	9	7	5	8
5	7	2	8	6	1	3	9	4
3	9	6	7	5	4	8	1	2
4	5	7	1	2	8	9	6	3
2	1	8	3	9	6	4	7	5

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Finding Your Next Step in Life

*It is when you are willing to listen to yourself and be fearless,
that figuring out your next step becomes easy.*

By Madisyn Taylor

Our lives are made up of a complex network of pathways that we can use to move from one phase of life to the next. For some of us, our paths are wide, smooth, and clearly marked. Many people, however, find that they have a difficult time figuring out where they need to go next. Determining which "next step" will land you on the most direct route to fulfillment and the realization of your life purpose may not seem easy.

There are many ways to discover what the next step on your life path should be. If you are someone who seeks to satisfy your soul, it is vital that you make this inquiry. Often, your inner voice

will counsel you that it's time for a change, and it is very important to trust yourself because only you know what is best for you. Personal growth always results when you let yourself expand beyond the farthest borders of what your life has been so far. When figuring out what your next step will be, you may want to review your life experiences. The choices you've made and the dreams you've held onto can give you an idea of what you don't want to do anymore and what you might like to do next. It is also a good idea to think about creative ways you can use your skills and satisfy your passions. Visualizing your perfect future and making a list of ways to manifest that future can help you choose a logical next step that's in harmony with your desires. Meditation, journal writing, taking a class, and other

creative activities may inspire you and provide insight regarding the next step in life that will bring you the most satisfaction.

It is when you are willing to listen to yourself and be fearless that figuring out your next step becomes easy. Beneath the fear and hesitation and uncertainty lies your inner knowing that always knows which step you need to take next. If you can allow the taking of your next step to be as easy as putting one foot in front of the next, you'll notice that your next step is always the one that is right in front of you. All you have to do is put one foot forward and on the ground.

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Crossword

By Dave Fisher

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13					14				15		16		
17					18					19			
20				21		22				23			
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33							34			35			36
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	48				49	50		51					
				52				53		54			
55	56	57						58		59		60	61
62					63				64		65		
66					67						68		
69						70					71		

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Answers on page 12

ACROSS

- 1. Gymnast’s feat
- 5. Dwarf buffalo
- 9. Exam
- 13. Large luxurious car
- 14. Chairs
- 16. Frosts
- 17. Objectives
- 18. Writer
- 19. Journey
- 20. An unwholesome atmosphere
- 22. Prehistoric animals
- 24. Cover with plaster
- 26. Small finch
- 27. Members of a governing board
- 30. Bitter conflict
- 33. Handgun sheaths
- 35. Burn with hot water
- 37. Estimated time of arrival
- 38. Wrapping paper
- 41. Mongrel
- 42. Abominable snowmen
- 45. A negative aspect
- 48. Guard
- 51. Contraband
- 52. Hushed
- 54. Indian dress
- 55. Confuses
- 59. Cage
- 62. Small island
- 63. Gladden
- 65. Broad valley
- 66. 1 1 1 1
- 67. Kino gum
- 68. Decorative case
- 69. Chair
- 70. Noxious plant
- 71. Lascivious look

DOWN

- 1. Deception
- 2. 53 in Roman numerals
- 3. Completely neat and clean
- 4. Have
- 5. An Old Testament king
- 6. Require
- 7. Fertile area in a desert
- 8. Makes amends
- 9. Historic ship
- 10. Beige
- 11. Clairvoyant
- 12. Sounds of disapproval
- 15. Athletics
- 21. Glove
- 23. Knights
- 25. Scallion
- 27. Not we
- 28. Anagram of “Store”
- 29. Mistake
- 31. Help
- 32. Avoid
- 34. Unhappy
- 36. Remnant
- 39. Watch chain
- 40. 2 2 2 2
- 43. Inquiry
- 44. An upright in a wall
- 46. Ark builder
- 47. Baked dessert
- 49. Equestrian
- 50. Lemon or canary
- 53. Make fun of
- 55. Life stories
- 56. Feudal worker
- 57. Parasitic insect
- 58. Anagram of “Ties”
- 60. Hint
- 61. Inheritor
- 64. Terminate

MUSHROOM GALETTE WITH GRUYERE CRUST

A galette is pie’s laid-back cousin. In this version, the rich, buttery crust and the creamy mushroom filling are a match made in heaven. A slice of this with a cold glass of wine sounds absolutely divine.



Total Time: 2 hrs
Yield: 4 servings

INGREDIENTS

Crust (makes enough for two large galettes)

- 2 cups sifted all-purpose flour
- 1 tablespoon sugar
- 1 teaspoon salt
- ½ teaspoon dried thyme
- 1 large egg lightly beaten
- ½ teaspoon white vinegar
- ¼ cup ice cold water
- ¾ cups cold unsalted butter cut into pieces
- 4 ounces freshly grated gruyere cheese

Portobello Mushroom Mixture

- 1 tablespoon olive oil
- 2 tablespoons unsalted butter
- 12 ounces sliced baby portobello/cremini mushrooms
- 8 ounces mixed wild mushrooms
- 4 garlic cloves minced
- ¼ teaspoon salt
- ¼ teaspoon pepper
- ¼ teaspoon dried thyme
- 4 tablespoons mascarpone cheese
- ¼ cup finely grated parmesan cheese plus extra for topping
- 4 ounces freshly grated gruyere cheese
- fresh oregano for topping

DIRECTIONS

1. Add the flour, sugar and salt to a food processor and pulse just until combined. In a small bowl, whisk mix together the egg, vinegar and water. Add the cold butter pieces and cheese into the food processor and pulse until small coarse crumbs remain. Sprinkle the water/egg mixture over the flour and pulse again until the dough comes together.
2. Remove the dough with your hands and wrap it in plastic wrap. This dough makes enough for 2 galette crusts, so you can either separate it into 2 sections now, or separate it after it’s refrigerated. Freeze one for later and refrigerate the other for 30 minutes.
3. After 30 minutes, preheat the oven to 400 degrees F.
4. Heat a large skillet over medium-low heat. Add the butter and olive oil. Stir in the mushrooms and garlic. Cook until the mushrooms soften, about 8 minutes. Stir in the salt, pepper, thyme, parmesan and mascarpone cheese.
5. Remove the crust from the fridge. Roll the dough out - no shape necessary really – until it is about ¼ inch thick. Place the dough on a parchment-lined baking sheet. Sprinkle half of the cheese on the crust. Layer the mushrooms in the center leaving a 2-inch+ border of crust. Sprinkle on more cheese. Once the mushrooms are layered, fold the crust over top of the mushrooms. Brush the crust with the beaten egg wash.
6. Bake the galette until the crust is golden, about 40 to 45 minutes. Remove, let cool slightly and sprinkle with herbs. Serve immediately.

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Sudoku

Fill in the blank squares so that each row, each column and each 3-by-3 block contain all of the digits 1 thru 9.

				7			8	9
9					3	1		7
					2	5		
	3		5		7			1
		1				7		
5			8		1		9	
		6	7					
4		7	1					3
2	1			9				

Answers on page 12 (courtesy of KrazyDad.com)

Stayin' Alive: 40th Anniversary Dance Party and Fundraiser



Sat., October 19 7 p.m. - 10 p.m.

Help us celebrate!

Dance to *InterfuZion* and enjoy refreshments from the gourmet chefs at Rockland Place. Beer and wine will also be served. To purchase tickets, call or email us!
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Over 15,000 men found themselves talking to the Atlanta Humane Society about an 8-week old black Labrador retriever.

Men are so easy....

From The Guardian Newspaper:

Concerning a sign seen in a police canteen in Christchurch, New Zealand:

"Will the person who took a slice of cake from the Commissioner's Office return it immediately. It is needed as evidence in a poisoning case."

British News from the Churchdown Parish Magazine:

"Would the Congregation please note that the bowl at the back of the Church labeled 'For the Sick' is for monetary donations only."

From The Daily Telegraph:

A piece entitled "Brussels Pays 200,000 Pounds to Save Prostitutes":

"... the money will not be going directly into the prostitutes' pockets, but will be used to encourage them to lead a better life. We will be training them for new positions in hotels."

From The Derby Abbey Community News:

"We apologize for the error in the last edition, in which we stated that 'Mr. Fred Nicolme is a Defective in the Police Force.' This was a typographical error. We meant, of course, that Mr. Nicolme is a Detective in the Police Farce."

Newspaper Story – Roget's Thesaurus Update

A lorry loaded with thousands of copies of Roget's Thesaurus crashed as it left a Manchester publishing house last Tuesday, according to the daily newspapers.

When reporters caught up with the witnesses, they found them stunned, startled, aghast, taken aback, stupefied, confused, punchy, shocked, rattled, paralyzed, dazed, bewildered, mixed up, surprised, awed, dumbfounded, nonplussed, flabbergasted, astounded, amazed, confounded, astonished, boggled, overwhelmed, horrified, numbed, and perplexed.



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Deadline to RSVP for luncheon is October 15. Attendance is limited.



Fraud Watch Network