



Please Contact me about Medicare Plans

Name: _____

Address: _____

City / State / Zip: _____

Phone: _____

Mobile: _____ Text Message YES NO

Medicare Eligible: YES NO

I am not eligible to enroll before October 15th, please contact me between October 1 and December 7

I am interested in plan information for the following (check all that apply):
(plan availability may vary by location)

- Prescription Drug Plans
- Medicare Supplement Plans
- Medicare Advantage Plans
- Dental Plans
- Hospital Indemnity Plans

Email Address: _____

By providing my e-mail address or telephone number, I agree to allow a licensed sales representative to contact me regarding information related to Medicare health plans and health insurance plans, products, services and/or educational information related to health care.

Signature: _____ Date: _____

According to Medicare rules, we need your permission to contact you to discuss your Medicare plan options. By accepting this form, you are agreeing to a sales telephone call or an email from a licensed sales agent to discuss the specific types of products above. The person who will be discussing plan options with you is with or contracted by a Medicare health plan or prescription drug plan that is not the Federal Government, and they may be compensated based on your enrollment in a plan. Signing this does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan.