

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 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. We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.