

Contact me about Medicare plans

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____
Email: _____

Interested in plan information for:
(plan availability may vary by location)

- Prescription drug plans
- Medicare Supplement plans
- Advantage plans with prescription drug coverage
- Dental plans

Currently Medicare eligible:

- Yes
- No If no, when will you be eligible: _____
- If I'm not eligible to enroll before open enrollment begins on October 15, contact me between October 1 and December 7

By providing my email 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:** _____

I understand that the person who will be discussing plan options with me may be compensated based on my enrollment in a plan.