



## Senior Insurance & Retirement Advisors

### 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 15<sup>th</sup>, 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.*