

Contact me about Medicare Plans

Name: _____

Gender: M or F DOB: _____ Age: _____

Spouses Name: _____ Spouses' DOB: _____

Address: _____

City, State, Zip: _____ County: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Enrolled in Medicare: Y or N If yes, Medicare effective dates: A _____ B _____

Already enrolled in a Medicare plan? If yes, Company: _____

Plan Type: _____ Premium: _____ Effective Date: _____

Veteran: Y or N Do you use VA for: Healthcare: Y or N / Prescriptions: Y or N

Medicaid: Y or N If yes, are you on a Spend Down: Y or N Social Security/SSD: Y or N

Employed: Y or N If Yes, expected retirement date _____ Group Insurance: Y or N

PLEASE CHECK ALL THAT APPLY:

_____ Yes, please contact me to schedule a free Medicare consultation.

_____ I am not eligible for Medicare at this time. Please contact me when I become eligible.

_____ I know someone needing assistance with Medicare. We will contact you to get their contact information.

_____ No, I am not interested at this time.

Best Day / Time to Contact: _____

Additional Comments: _____

Signature: _____ Date: _____