

BRC FORM

Date:

Name:

Address:

Phone:

E-mail:

Health Insurance:

Signature:

By providing my name and contact information in this business reply card, I expressly consent to CareWell Insurance LLC and any of its affiliates or subsidiaries contacting me for any purpose. I consent to receiving sales and marketing calls, text messages, and/or emails. I also agree that such calls and/or text messages may use an automated system for number selection or dialing, automated voice calls, AI-generated voice calls, prerecorded messages played upon connection, or prerecorded voicemail messages, even if I am registered on a government "Do Not Call" list. I agree that CareWell Insurance LLC may publish my photos, audio, and videos on social media, websites, and other media without prior notice or compensation. This agreement is not a condition of enrollment, and you may change your consent preferences at any time by contacting us.

Fax: (850) 202-1379
info@carewellins.com

Phone: (689) 278-1900
carewellins.com



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