

# Contact me about Medicare plans

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_



## Interested in plan information for:

- ☐ Prescription drug plans
  - ☐ Supplement plans
  - ☐ Medicare advantage plans
  - ☐ Ancillary products (i.e., dental, vision, hearing, cancer, hospital indemnity)
- (plan availability may vary by location)

## 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

## We may be able to save you money

Fill in the following information.

	In network (Y/N)	Copay/coinsurance
Primary care physician		
Specialist		
Specialist		
Specialist		
Specialist		
Prescription		
Prescription		
Prescription		
Prescription		
Prescription		
Prescription		

By giving my contact information, I agree to allow a licensed sales representative to contact me about information related to Medicare options or to enroll in a plan.

**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.

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

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