

Permission to Contact

I grant permission for, a licensed sales agent, _____, to contact me regarding plan options because I may be eligible for a Medicare Advantage or prescription drug plan Special Election Period (SEP).

I am not required to complete this form but have chosen to do so at my discretion.

Please check qualifying event(s):

- | | |
|--|---|
| <input type="radio"/> I am turning 65 or newly eligible for Medicare | <input type="radio"/> I have moved |
| <input type="radio"/> I now receive Medicaid | <input type="radio"/> My current Medicare Advantage plan is no longer available |
| <input type="radio"/> I am no longer eligible for Medicaid | <input type="radio"/> I am losing my retiree or employer group health coverage |
| <input type="radio"/> I receive a Part D premium subsidy | <input type="radio"/> I have another qualifying event that may make me eligible for a Special Election Period (SEP) or Special Needs Plan (SNP) |
| <input type="radio"/> I have been recently diagnosed with diabetes, congestive heart failure, chronic lung disease, or end-stage kidney disease (ESKD) | |

Date: _____

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____

Phone Number _____

Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

By signing this form, you are requesting a licensed insurance sales agent contact you by telephone, email and/or cell phone to provide additional information about products and services. Your consent is voluntary and allows a Medicare licensed agent to contact you via text messaging, artificial or prerecorded voice messages, or automatic dialing for marketing purposes. You may contact us to change your preferences at any time. Changing your preferences will not affect your eligibility for benefits and enrollment, payment for coverage of services, or ability to get treatment. Data use charges and rates from your cellular carrier may apply.