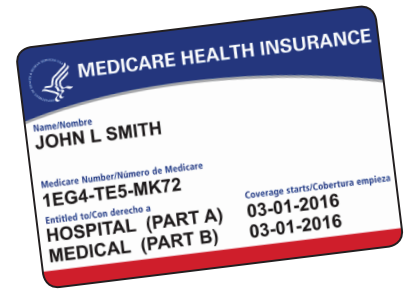


Yes! I want to learn more about Medicare plans.



Please note that providing contact information is optional.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Date: _____

Email address: _____



By checking this box , I understand that providing my contact information on this form authorizes a licensed sales agent to contact me to discuss available Medicare plans in my area. **Please save this form and email it back to the sales agent.**

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