Logo Inserted Here

Name	Spouse Name	
Date of Birth	Date of Birth	
Phone	Phone	
Street Address		
City, State, Zip Code		
Email		
(Your privacy is of great concern - your information is never for rent or sold)		

PLEASE SELECT THE PREFERRED CALL TIME AND SPECIFICATIONS:

 \Box Schedule with me today

□ Call () 3 Months or () 2 Months before my birthday month to schedule an appointment

I AM ALSO INTERESTED IN LEARNING ABOUT THE FOLLOWING ITEMS:

🗆 Life Insurance	
🗆 Burial Plans	
□ Long Term Care	

Cancer Plans
Accident Plans
Final Expense Planning

Annuities
401(k) Rollovers
Dental

APPOINTMENT PREFERENCES:

Preferred Weekday	AM or PM
Option 1	
Option 2	
Option 3	
Signature:	Date:

By providing the information above I grant permission for a licensed insurance agent to contact regarding my medicare options including medicare supplement, medicare advantage, prescription drug plans. We are an independent insurance agency. Our firm is not affiliated with the U.S. government or the federal Medicare program. We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.