



Date: \_\_\_\_\_ Your Name: \_\_\_\_\_

Spouse or Partner's Name: \_\_\_\_\_

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

What is one thing we didn't cover that you wish we would have:

\_\_\_\_\_  
\_\_\_\_\_

**Retirement Concerns**

Check all that apply

1. Understanding the difference between coverage I will receive from Original Medicare, a Medicare Supplement, and a Medicare Advantage plan

\_\_\_\_\_

2. Rising costs of healthcare in retirement and how it will effect my savings, investments, and plans for the future

\_\_\_\_\_

3. I have not compared the full cost of Medicare coverage and pricing in the past year and plan to retire in the next 12-18 months

\_\_\_\_\_

**Appointment Preferences**

1<sup>st</sup> Choice

2<sup>nd</sup> Choice

	T	W	R
A.M.			
P.M.			

	T	W	R
A.M.			
P.M.			

Best phone number to reach you (if different from above): \_\_\_\_\_

Please have a licensed insurance agent contact me regarding my Medicare Plan options

**Thank you for attending this event.  
We look forward to seeing you again soon!**