



PERMISSION TO CONTACT FORM

Full name: _____

Medicare eligibility date (optional): _____

Medicaid eligibility date (optional): _____

Phone number: _____ Best day and time to call: _____

Email address: _____

Mailing address: _____ Apt/unit: _____

City: _____ State: _____ Zip: _____

By providing the information below, I grant permission for a licensed insurance agent to contact me in regards to my Medicare options which includes Medicare Supplement, Medicare Advantage, Special Needs plans and prescription drug plans. I understand that the person who will be discussing plan options with me may be compensated based on my enrollment in a plan. I can also call 1-800-800-1999 if I'd like to speak to a licensed insurance agent.

By my signature below, I agree to receive telephonic sales and marketing calls and text messages using an automated system for the selection or dialing of telephone numbers, automated voice calls, AI generative voice calls, prerecorded messages played when a connection is made, or prerecorded voicemail messages; calls and messages are for marketing purposes; cellular charges may apply; Providing permission does not impact the consumer's eligibility to enroll; I understand I can change my permission preferences at any time by contacting Insurance Services LLC; I am providing this consent even if my number is listed on a Do Not Call registry.

Signature: _____

Date: _____

Not affiliated with or endorsed by any government agency. We do not offer every plan available in your area. Currently we represent 0-7 organizations which offer 0-41 products in your area. Please contact Medicare.gov, 1-800-MEDICARE, or your local State Health Insurance Program (SHIP) to get information on all of your options.