I want information on Medicare Insurance Plans

First Name _____ Last Name _____

Address _____

_____

Phone number _____ Age _____

By providing my contact information I understand I may be contacted by a licensed sales agent who can answer questions and provide information about Medicare options, such as Medicare Advantage, Prescription Drug (Part D), and Medicare Supplement insurance plans. This is a solicitation for insurance. The communications consented to above include marketing of insurance products. Licensed insurance agents are not connected with or endorsed by the U.S. government or the federal Medicare program. Providing this information does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan. A Medicare Advantage Plan is a health insurance plan provided through a private insurer and delivers Medicare Part A and Part B benefits. A Part D Drug Plan is a prescription drug insurance plan provided through a private insurer and delivers Medicare Part D benefits.

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