

2026 optional information about Medicare plan options request reply card

I am turning 65 and new to Medicare. Yes, I am eligible for Medicare and want to discuss Medicare Advantage, prescription drug, and/or Medicare Supplement plan options that may benefit me. Date _____

Name _____

Signature _____

Preferred contact method(s) (check preference)

Phone _____ Cell _____

Best time to call _____ a.m. p.m.

Email _____

Mailing address _____

City, State ZIP code _____

