2026 optional information about Medicare plan options request reply card

[Place Agent Photo Here]

Date _____

☐ **I am turning 65 and new to Medicare. Yes, I am eligible for Medicare and want to learn about plan options.**

Name _____

Signature _____

[Agent name goes here]

000-000-0000, Ext. 0000 (TTY:711)

Preferred contact method(s) (check preference)

☐ Phone _____ ☐ Cell _____

Best time to call _____ ☐ a.m. ☐ p.m.

☐ Email _____

☐ Mailing address _____

City, State ZIP code _____

By replying with this card, you are giving permission to have a licensed sales agent contact you up to 12 months after the date shown above by telephone, mail, email and/or cell phone to provide information about the Medicare Advantage, prescription drug and/or Medicare Supplement plans. Your consent is voluntary and allows a licensed sales agent to contact you via 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. You are providing this consent even if your number is listed on a Do Not Call registry. You may contact me to change your preferences at any time. Changing your preferences will not affect your eligibility for benefits and enrollment, payment for coverage of services, or ability to get treatment. Data use charges and rates from your cellular carrier may apply.

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[Agent name goes here]
[Business Address line 1 goes here]
[Business Address line 2 goes here]
[Business City, State ZIP goes here]