

Section1: Disclosure of Appointment to Discuss Medicare Advantage Plans

I, _____(client's name), had, in advance, agreed to have a meeting to discuss Medicare Advantage, Medicare Supplement and/or Prescription drug benefits with my agent, _____ (Agent Name).

The initial contact was a result of (check one):

_____ Existing Client of Agent

_____ I contacted the Agent

_____ I mailed a request for information and the Agent contacted me.

Section 2: Authorization to Contact in the Future (check one box)

___ Agent may contact me at any time in the future to discuss Medicare options. I understand that I have the right to end this authorization at any time I choose.

___ Agent DOES NOT have my authorization to contact me by phone in the future. I will contact agent if I need assistance.

By: _____(Client's Signature)

_____ (PRINT NAME)

Date of Appointment: _____