Medicare Inquiry & Consent Form

2026 Edition

Purpose of This Form

This form authorizes a licensed Medicare agent to contact you regarding your Medicare plan options, including **Medicare Supplement (Medigap)**, **Medicare Advantage (Part C)**, and **Prescription Drug Plans (Part D)**.

Your Information

Full Name _____ Date of Birth (MM / DD / YYYY) _____

Address (Street) _____

City _____ State _____ ZIP Code _____

Phone Number _____ Email Address _____

Preferred Contact Method(s)

You may select one or more ways for a licensed agent to contact you:

■ Phone Call ■ Text Message (SMS) ■ Email

Consent to Be Contacted

By signing below, you acknowledge and agree to the following:

- You authorize a licensed Medicare insurance agent to contact you to discuss Medicare plan options, including Medicare Supplement, Medicare Advantage, and Prescription Drug plans.
- Your consent allows the agent to contact you by the methods you selected above.
- You understand that this is **not a contract for insurance**, and you are not obligated to enroll in any plan.
- You understand that your consent is **not a condition** of purchasing any goods or services.
- You may withdraw your consent at any time by notifying the agent.
- You understand that the agent may be compensated by an insurance carrier for enrolling you in a plan.

Authorization

Signature _____ Date (MM / DD / YYYY) _____

Printed Name _____

This form is for informational and consent purposes only. Completion of this form does not guarantee coverage or enrollment in any Medicare plan. For questions, contact your licensed Medicare agent directly.