# Permission to Contact Form

EQUIS FINANCIAL
AN INTEGRITY COMPANY

## Please Contact Me About Medicare Plans:

| | | |
|---|---|---|
| **Name:** | | |
| **Address:** | | |
| **City / State / Zip:** | | |
| **Phone:** | | |
| **Mobile:** | | Text Message: ☐ Yes ☐ No |
| **Email Address:** | | |

**Medicare Eligible:** ☐ Yes ☐ No

**I am interested in information for the following (check all that apply):**

☐ Prescription Drug Plans
☐ Medicare Supplement Plans
☐ Medicare Advantage Plans
☐ Dental Plans
☐ Hospital Indemnity Plans

- *By completing this form, you agree to be contacted by a licensed sales representative regarding Medicare health plans, insurance products, services, and/or educational information related to health care.*
- *This permission applies only to the types of products selected above.*
- *By selecting YES for text messaging, I consent to receive text messages from a licensed sales representative. Message and data rates may apply.*
- *This permission is valid for 12 months from the date signed and may be revoked at any time.*
- *This is a solicitation for insurance. There is no obligation to enroll.*
- *The person who may contact you is a licensed sales agent who represents one or more Medicare health plans or prescription drug plans and is not affiliated with or endorsed by the Federal Government. The agent may be compensated based on your enrollment in a plan.*
- *Signing this form does NOT affect your current enrollment, nor will it automatically enroll you in any Medicare Advantage Plan, Prescription Drug Plan, or other Medicare plan.*

**Signature:** _____ **Date:** _____