



By providing my contact information, I agree to allow a licensed agent to contact me regarding Medicare options or to enroll in a plan.

First/last name: _____

Medicare eligibility date: _____

Medicaid eligibility date, if applicable: _____

Phone number: _____ Best day and time to call: _____

Email address: _____

Mailing address: _____ Apt/unit: _____

City: _____ State: _____ ZIP: _____

Signature: _____ Today's date: _____

I understand that the person who will be discussing plan options with me may be compensated based on my enrollment in a plan.

Please Email Your Completed Form To
[Navigatorhrservices.com](mailto:NavigatorHRservices.com)

By checking this box, you agree to have a licensed independent agent contact you on the phone, including via automated or pre-recorded calls to talk about Medicare Advantage plans or Prescription Drug plans. There is no obligation to enroll in any plan. This call will not impact your current or future Medicare enrollment status. We will not automatically enroll you in a plan as a result of this call.



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