



Medicare Permission to Contact Form

First / Last Name _____

Phone Number _____

Permanent Residence Address (zip code is required):

Street Address _____

City _____ State _____ Zip _____

Month / Year of Birth _____

Best Date / Time to Call _____

Signature

Date

By providing the information above, I grant permission for a licensed insurance agent to contact me regarding my Medicare options including Medicare Supplement, Medicare Advantage, Medicare Cost Plans, and Prescription Drug Plans.

Need assistance with this? Contact ComPro at (402) 488-5100 and we'll be happy to help! For more info about ComPro, visit our website at comproins.com.