

**YES! I want to learn more about Medicare Plans.**



**Please contact me:**

(Please print)

First Name	Last Name	Are you currently Medicare-eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, when will you be eligible? _____ <input type="checkbox"/> If I am not eligible to enroll before October 15, please contact me between October 1 and December 7.
Address		
City	State ZIP Code	
Phone	Email	

By providing my email address or telephone number, I agree to allow a licensed sales representative to contact me regarding information related to Medicare health plans from Scott and White Health Plan and its subsidiary Insurance Company of Scott and White, Medicare Advantage organizations with Medicare contracts.

Signature	Date
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Scott and White Health Plan offers HMO plans. Insurance Company of Scott and White offers PPO plans. Enrollment in Scott and White Health Plan and Insurance Company of Scott and White depends on contract renewal.