

# Medicare Permission to Contact Authorization



According to Medicare rules, if you wish to have us contact you to schedule a meeting to discuss Medicare and any Medicare products you must complete and return this "Permission to Contact" Authorization form.

I grant my permission for Rick Seely and/or Steve Fulger of MDA Insurance to contact me via e-mail or telephone to schedule an appointment to discuss any or all of the following:

- Original Medicare
- Medicare Advantage
- Medigap Plans
- Medicare Part D prescription drug plans
- MDA Retiree Health Plan

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## My information

Name

Birthdate

Address

City

State

ZIP

Preferred telephone number

Email address

Are you currently Medicare eligible?

☐ Yes ☐ No If no, when will you be eligible? \_\_\_\_\_

*Please return this form to MDA Insurance by email to [steve@mdaifg.com](mailto:steve@mdaifg.com) or FAX to 517-484-5460.*