

Please help me find the Medicare plan suited for me.

Name: _____ Call/Text Me At: (_____) _____
Address: _____ Best Time to Call: _____ AM / PM (CIRCLE ONE)
City: _____ Email: _____
State: _____ ZIP: _____ Preferred Contact Method: Email / Phone / Text
Date of Meeting: ____ / ____ / _____ Meeting Location: _____

My current coverage...

- Medicare (Parts A & B) Part C (Medicare Advantage) Group Insurance
 Medicare Supplement Part D (Rx Coverage) Other: _____

I will be turning 65 in the next six months: Yes No

Birth Month: _____ Birth Year: _____

How did you hear about Slieter Solutions?

Online Ad Postcard Friend Other: _____

Completion of this form is optional. By filling out this form, you understand that a licensed sales agent may contact you regarding Medicare Health Plans including Medicare Supplement, Medicare Advantage, and Part D Plans.



SLIETER
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HOW CAN I HELP?