

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

**Please contact me:**

**OPTIONAL**

(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 Baylor Scott & White Health Plan and its subsidiaries Baylor Scott & White Insurance Company and Baylor Scott & White Care Plan, Medicare Advantage organizations with Medicare contracts.

Signature	Date
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