

Tell me more about Medicare plans

from Independence Blue Cross!

(You're not obligated to complete this form, but we hope you'll consider it.)

Name _____

Street _____

City _____ State _____ Zip _____

Phone _____

Date of birth _____

Email _____

The best way to reach me is by:

Mail Phone Email

I'd like to know more about:

HMO PPO* Medigap Prescription drug coverage

According to Medicare rules we must receive your permission to contact you to discuss plan options.

By signing this form you are agreeing to receive a phone call, an email, or mail from a licensed sales agent about the specific types of products above. The person that will be contacting you is either employed or contracted by Independence Blue Cross, not the Federal government, and they may be compensated based on your enrollment in a plan. Signing this does NOT affect your current enrollment, nor will it enroll you in a Medicare Advantage plan, prescription drug plan, or other Medicare plan.

*Available in Bucks and Philadelphia counties only.

Your signature _____

Date _____

Independence 



www.ibxmedicare.com

Independence Blue Cross is a Medicare Advantage organization with a Medicare contract. Benefits underwritten or administered by Keystone Health Plan East, a subsidiary of Independence Blue Cross – independent licensees of the Blue Cross and Blue Shield Association.

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