



Please contact me about Medicare plans.

First Name		Last Name	
Address			
City		State	ZIP
Phone		E-mail	

Currently Medicare eligible:
 Yes No If no, when will you be eligible: _____
 If I'm not eligible to enroll before October 15, please contact me between October 1 and December 7.

Interested in plan information for: (plan availability may vary by location)

Prescription Drug plans
 Supplement plans
 Advantage plans with prescription drug coverage
 Dental plans

By providing my e-mail address or telephone number, I agree to allow a licensed sales representative to contact me regarding information related to Medicare health plans and health insurance plans, products, services and/or educational information related to health care.

Signature	Date
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I understand that the person who will be discussing plan options with me may be compensated based on my enrollment in a plan. Call this number if you'd like to speak to a sales representative: <1-855-338-7027> (TTY: 711).

Aetna Medicare is a PDP, HMO, PPO plan with a Medicare contract. Our SNPs also have contracts with State Medicaid programs. Enrollment in our plans depends on contract renewal. See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. This information is available for free in other languages. Please call our customer service number at <insert customer service and TTY numbers, and hours of operation>. Aetna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATTENTION: If you speak a language other than English, free language assistance services are available. Visit our website at www.aetnamedicare.com or call the phone number listed in this material. **ESPAÑOL (SPANISH):** ATENCIÓN: Si usted habla español, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web en www.aetnamedicare.com o llame al número de teléfono que se indica en este material. **繁體中文 (CHINESE):** 請注意：如果您說中文，您可以獲得免費的語言協助服務。請造訪我們的網站www.aetnamedicare.com 或致電本材料中所列的電話號碼。