PERMISSION TO CONTACT

USA MEDICARE CONSULTANTS
A Division of EP Nevins Insurance Agency, Inc.

If you would like a licensed agent from USA Medicare Consultants to contact you with Medicare information, please provide your contact information below and sign where indicated.

First Name:	
Last Name:	
Phone:	
Email:	
Zip:	Birthdate:

Please read and sign below. By providing my telephone number or email address and signing below, I agree to allow a licensed agent to contact me regarding information related to Medicare health plans and health insurance plans, products, and services.

Signature: _____ **Date:** _____

Please submit this completed **PERMISSION TO CONTACT** form to us via mail, email, or fax, or you can call us at (844) 974-0621.

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