

LEGACY WEALTH SERVICES

503-832-8555 | LegacyWealthServices.com

Medicare Consent to Contact

Complete this voluntary form to request contact from Legacy Wealth Services about the Medicare coverage topics you select below.

Your contact information

Full name

Telephone number

Email address

City

State

ZIP code

How may we contact you

☐ Live telephone call

☐ Email

Best days or times to contact you optional

I would like information about

☐ Medicare Advantage Part C

☐ Prescription drug plans Part D

☐ Medicare Supplement Medigap

☐ Medicare enrollment and coverage basics

Your permission

By signing below, I give Legacy Wealth Services and its licensed insurance agents permission to contact me using only the methods selected above about the Medicare topics I selected. This permission expires 12 months after the date I sign, unless I withdraw it sooner.

I am not required to sign, purchase insurance, or enroll in a plan. Signing does not affect my current or future Medicare coverage or automatically enroll me. I may withdraw permission at any time by calling 503-832-8555 or emailing rod@legacywealthservices.com.

This form is not a Scope of Appointment. It does not authorize automated calls, prerecorded calls, text messages, or sharing my information with other agencies for marketing.

Prospect signature sign by hand or use your PDF signing tool

Date signed