

I can help you with other services!

Thank you for allowing me to help you with your Medicare planning. There are several other services that I provide. Would you like to be contacted about the following services, **at a later date?**

IRA Rollovers or CD Alternatives

Yes, please contact me at a later date.

No, please do not contact me about this.

Life Insurance/Final Expense

Yes, please contact me at a later date.

No, please do not contact me about this.

Long Term Care Insurance

Yes, please contact me at a later date.

No, please do not contact me about this.

Dental Insurance & Hospital Indemnity

Yes, please contact me at a later date.

No, please do not contact me about this.

Please note: Due to CMS guidelines, we are not allowed to discuss any of the above mentioned services during our time today.

Name:

Phone:

Email:

Best time to reach you:

Insurance Agent Name:

Client Signature: _____

Thank you, again, for allowing me to help you with your Medicare planning!

For Agent Use Only:

This is a referral to URL Insurance Group.

Please provide quotes, I will contact my client after 48 hours.

Please fax completed forms to 717-540-5628.

