



Siskiyou Insurance Services, Inc.

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MEDICARE SUPPLEMENT AND/OR PART D (PERSCRIPTIONS)

Name:

Phone: Email:

Do you currently have a Medicare Supplement?

Do you currently have a Part D plan?

Is your current plan a Advantage Plan (Part C)?

Do you have a spouse/household member eligible for Medicare?

Date of Birth Best time to call

Would you prefer to communicate via email?

Preferred Agent?