



Yes I would like more information about Medicare Health Plans

Name _____

Address _____

City _____ State _____ Zip Code _____

Phone Number (____) _____ - _____

Signature X _____ Date _____

Yes, I currently have Medicare

Part A

Part B

Yes I currently have Medi-Cal (Medicaid)

My current Medicare Health Plan is:

My current Primary Care Physician (Family Doctor) is:

This is a solicitation of insurance. By returning this card, you agree that an authorized representative or licensed insurance agent from JAR Insurance Services may contact you by phone or mail to answer your questions or provide additional information about Medicare Advantage, Part D, or Medicare Supplement Insurance plans. For more information call, JAR Insurance Services at (877) 391-9988 TTY 711 Monday - Friday 9:00 am - 5:00 pm. By returning this card, you are not obligated to enroll. JAR represents various Medicare Advantage (MA) and Prescription Drug Plans (PDPs) as well as other types of health plans.