SILVER PATH
BENEFITS
INSURANCE SERVICES

CLIENT AUTHORIZATION

MEDICARE CONTACT REQUEST

Permission to Contact

Please complete this form yourself to request contact from Silver Path Benefits Insurance Services. Choose the topics you want to discuss and how you would like Matthew Valdes to reach you.

1 Your Information

FULL NAME

PHONE NUMBER

EMAIL ADDRESS *optional if you prefer phone or text*

ZIP CODE

2 How May We Contact You? *Check all that apply.*

☐ Phone call ☐ Text message ☐ Email

BEST TIME TO REACH YOU *(optional)*

Choose or type a time

3 What Would You Like Help With? *Check all that apply.*

☐ General Medicare education / turning 65

☐ Medicare Supplement (Medigap)

☐ Medicare Advantage (Part C)

☐ Reviewing my current Medicare coverage

☐ Prescription drug coverage (Part D)

☐ Other Medicare question

4 YOUR PERMISSION

I request and authorize Matthew Valdes of Silver Path Benefits Insurance Services to contact me using the method(s) selected above about the Medicare-related topic(s) I selected. This request is specific to my inquiry. I understand I am not required to enroll in a plan, and my current or future Medicare enrollment will not be affected. I may withdraw this permission at any time.

SIGNATURE *Please sign by hand or with your PDF signature tool*

x

DATE

RETURN YOUR COMPLETED & SIGNED FORM

Please do not include your Medicare number or SSN.

TEXT
Photo or PDF to:
(562) 732-7605

EMAIL
Send to either address:
contact@spbenefits.com
mvaldes@spbenefits.com

IN PERSON
Hand the signed form directly to Matthew.