

Yes! Please contact me about Medicare Advantage, Supplement, and Prescription Drug Plans.

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Name:	Date:	
Address:		
City:	State:	Zip:
Phone:		

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Address:		
City:	State:	Zip:
Phone:		

- Yes, I have Medicare! ■ Part A ■ Part B
- No, I will have Medicare soon. Date: _____

- Yes, I have Medicare! ■ Part A ■ Part B
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We do not offer every plan available in your area. Any information we provide is limited to those plans we do offer in your area. Please contact Medicare.gov or 1-800-MEDICARE to get information on all your options. American Senior Resources is not affiliated with or endorsed by Medicare or any government agency. ASR does not discriminate based on race, color, national origin, age, disability, or sex. Returning this card will connect you with a licensed agent to assist with your Medicare insurance needs. No obligation to enroll.



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