

Medicare Live Transfer Qualification Form (Final)

Total Questions: 15

1. Full Name

2. Phone Number

3. Full Address (Street Address)

4. City

5. State

6. ZIP Code

7. Age

8. Date of Birth

9. Do you currently have Medicare Parts A & B active?

Yes

No

10. Are you looking to review or make changes to your Medicare plan today?

Yes

No

11. Do you currently have:

Medicare Advantage

Medicare Supplement

Not Sure

12. What would you like to improve?

Lower costs

Better coverage

Other

13. Do you take any regular medications?

Yes

No

14. Do you receive Medicaid or Extra Help?

Yes

No

15. If a licensed agent shows you a better option today, would you be open to enrolling or making a change?

Yes

No