

2024 request for future contact

Today's date _____

I grant permission for Nancy Cox, a licensed independent sales agent, to contact me up to 12 months after the date shown above. I am not required to complete this form but have chosen to do so at my discretion.

Please check qualifying events:

- | | |
|--|---|
| <input type="checkbox"/> I have turned 65 or I am new to Medicare. | <input type="checkbox"/> I now receive Medicaid. |
| <input type="checkbox"/> I have moved. | <input type="checkbox"/> I receive a Part D premium subsidy. |
| <input type="checkbox"/> I am no longer eligible for Medicaid. | <input type="checkbox"/> I'm losing my retiree or employer group health coverage. |

Name _____

Address _____

City, State ZIP code _____

Preferred contact method (check preference)

Phone _____ Cell _____

Best time to call _____ a.m. p.m.

Email _____

Humana[®]

Mailing address

Signature* _____

* By signing this form, I am requesting a licensed insurance sales agent contact me by telephone, mail, email and/or cell phone to provide additional information about Medicare Advantage and/or prescription drug plans.

Your consent is voluntary and allows a sales agent to contact you via text messaging, artificial or prerecorded voice messages, or automatic dialing for marketing purposes. You may contact us to change your preferences at any time. Changing your preferences will not affect your eligibility for Humana benefits and enrollment, payment for coverage of services, or ability to get treatment. Data use charges and rates from your cellular carrier may apply.

At Humana, it is important you are treated fairly. Humana Inc. and its subsidiaries comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion or language.

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call **877-320-1235 (TTY: 711)**.

Español (Spanish): ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **877-320-1235 (TTY: 711)**.

繁體中文 (Chinese): 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **877-320-1235 (聽障專線：711)**。