



# Client Servicing Form

I am choosing to have all of my contact information:

- I fully understand that by having my contact information **updated** a licensed agent and health care specialist will notify me of:
- I fully understand that by having my contact information **removed** a licensed agent and health care specialist will no longer notify me of:
  - The yearly coverage and cost changes to Medicare
  - The yearly updates to Medicare Part A (Hospital Insurance)
  - The yearly updates on Medicare Part B (Medical Insurance)
  - The yearly changes to Medicare Part C (Medicare Advantage)
  - The yearly changes to Medicare Part D (Medicare prescription drug coverage)
  - Updates regarding the changes in the Medicare Estate Recovery Mandate which recovers the cash value from life insurance policies owned by the client and /or spouse for the repayment of medical bills

To complete the process and to better serve the members of our community please answer the following question and sign below.

When you decided to enroll the Medicare Advantage Plan, what did you like best about the benefits?

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After you enrolled in the benefit what did you like the least about the benefits?

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What would you change to make the benefits better for other members?

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Who is your Doctor? \_\_\_\_\_ Is your Doctor in the network \_\_\_ Yes / \_\_\_ No

Does your Doctor like the plan? \_\_\_ Yes / \_\_\_ No.

Client Name: \_\_\_\_\_

Advisor's Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Client Phone #: \_\_\_\_\_