YES, I'd like to hear more about Medicare insurance plans from CareFirst BlueCross BlueShield.

First name		Last name
Address		County
City	State	ZIP
Phone	Email	

I currently have:

Original Medicare   Part A, Effective Date ________________   Part B, Effective Date ________________

Medical Assistance (Medicaid)   Medicare Supplement   Other

I don't have Medicare now, but I turn 65 on ________________

By returning this card, you agree an authorized representative or licensed sales agent representing CareFirst BlueCross BlueShield may email or call you at the number above.

CareFirst BlueCross BlueShield is the business name of Group Hospitalization and Medical Services, Inc. CareFirst BlueCross BlueShield Community Health Plan District of Columbia is the business name of Trusted Health Plan (District of Columbia), Inc. In the District of Columbia and Maryland, CareFirst MedPlus is the business name of First Care, Inc. In Virginia, CareFirst MedPlus is the business name of First Care, Inc. of Maryland (used in VA by: First Care, Inc.). Group Hospitalization and Medical Services, Inc., Trusted Health Plan (District of Columbia, Inc., CareFirst BlueChoice, Inc., First Care, Inc., and The Dental Network, Inc. are independent licensees of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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After completing the form, please return it
via email to [broker name] at [broker email].

▼ Or, fold, seal and send back to [broker name] via U.S. Postal Service. ▼

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