



Today's Date: _____
(Not valid after 90 days)

By completing this card, you authorize a licensed Zing Health insurance agent to contact you now, during the next enrollment period, or when new benefit information is available.

Name: _____ Date of Birth: _____
Address: _____ Apartment #: _____
City: _____ State: _____ Zip Code: _____
Email (optional): _____ Phone (optional): _____

Please check the plan(s) that you are interested in: ☐ HMO ☐ HMO-POS ☐ HMO CSNP ☐ HMO DSNP ☐ HMO-POS DSNP

Agent: _____

Agent ID #: _____

Consent Method: ☐ Phone ☐ Email ☐ Mail

Event: _____

Event Code: _____

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-946-4458 (TTY: 711).

Hours of operation are 8:00 a.m. - 8:00 p.m., Monday through Friday from April 1 - September 30. Hours are 8:00 a.m. - 8:00 p.m., seven days a week from October 1 - March 31.

☐ Yes, I have Medicare

☐ Part A (date): _____

☐ Part B (date): _____

☐ Part D (date): _____

☐ Aging-In (date): _____

☐ AEP

☐ No, I do not have Medicare now but I turn 65 on (date): _____

☐ Medicaid Recipient Number: _____

☐ LIS Level: _____

Zing Health is a HMO plan sponsor with a Medicare contract. Enrollment in Zing Health depends on contract renewal. Zing Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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