Zing HEALTH™

Today's Date: _____

By completing this card, you agree to be contacted by a Zing Health licensed agent for marketing purposes now or during the next enrollment period or when new benefit information is available.

Name: _____ Date of Birth: _____

Address: _____ Apartment #: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Agent: _____

Agent ID #: _____

Consent Method: ☐ Phone ☐ Email ☐ Mail

Event: _____

Event Code: _____

NOTES: _____

_____

_____

_____

☐ 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 turn 65 on (date): _____

☐ Medicaid Recipient Number: _____

☐ LIS Level: _____

Zing Health contracts with Medicare to offer Medicare Advantage HMO, HMO SNP, PPO, and PPO SNP plans in select states, and with select State Medicaid programs. Enrollment in Zing Health depends on contract renewal.

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