



What is your **ZIP code**?

1

2

3

4

What's your **age range**?

Under 60

60 - 69

70 - 79

80 - 89

90 +

Prefer Not To Say

1

2

3

4

Do you have a **Medicare card**?



Yes

No

Unsure



Last step!

See If I Qualify

I consent to the terms in this form.

By clicking the button, you consent to be contacted by a licensed insurance agent at GoHealth or GoHealth services about Medicare Advantage, Medicare Supplement Insurance Plans, Stand-Alone Prescription Drug plans, and other related services via automatic telephone dialing system, artificial voice and/or pre-recorded message, or text message at the telephone number you provided. If you choose to provide your email address, you consent to be contacted at that email address by GoHealth for the same purposes.

You understand that while this is a solicitation for insurance, consent is not a condition of purchase, and you may also receive a quote by contacting us by phone. Your agreement does not affect your current or future Medicare enrollment status. This scope of appointment is effective as of Sep 20, 2023 and grants permission to discuss the above plan types. You may revoke consent to contact or scope of appointment at any time.

GoHealth does not charge you for sending or receiving text messages. Your carrier's message and data rates may apply. By using this form, you agree to the terms of our [Privacy Policy](#).