



REQUEST A MEDICARE ADVANTAGE PLAN INFORMATION KIT

Please complete the form below to request your free information kit. Red fields are required.

Email your completed form to: medicaresalesMA@aspirushealthplan.com

First Name: Last Name:

Address:

City: State: Zip:

County:

Email Address:

Phone:

Name of Requestor (if different from above):

How did you hear about Aspirus Health Plan?

Do you currently have Medicare Parts A and B? YES NO

Name of current health plan (if any):

Name of current Medicare Part D plan (if any):

Are you still working? YES NO

Are you offered Medicare through an employer retiree plan? YES NO

Email your completed form to: medicaresalesMA@aspirushealthplan.com

A Medicare sales specialist will follow up with you.

Questions?:

Need help? Call us at 715-631-7411 or toll-free at 1-855-931-4850
(TTY users call 1-855-931-4852), 8am – 9 pm, seven days a week.