

Authorization Form

I, _____, allow Allison M Harris, Madeline K Warner or Chaz Brugh of Imagine Insurance Advisors Inc. at 3036 Breckenridge Ln, Ste 101 Louisville, KY 40220 to access my personal www.Medicare.gov account.

They have my permission to perform only the following acts on my behalf:

1. Obtain my username and password in order to login to my Medicare.gov account.
2. Login to my Medicare.gov account to access the functions that compare plan options.
3. Edit the medications on my online list to reflect my actual current usage.
4. Use my prescription and current plan information to assist me in understanding and evaluating my Part D Prescription Drug Plan or Part C Medicare Advantage Plan benefits and the benefits of other plans available to me.

This authority does not include the ability to change my Part D drug plan or Part C Advantage plan without my permission and the required application.

This authority includes such appropriate acts as are reasonably required to perform the specific items detailed above. Imagine Insurance Advisors Inc and its above-named agents agree to act and perform duties consistent with my best interest.

This authority is effective upon signing. This authority may be revoked at any time by submitting a written request to Imagine Insurance Advisors Inc. or it will expire at the time of death of the beneficiary.

Signature

Print Name

Date

Please return this form to:

Imagine Insurance Advisors
3036 Breckenridge Lane
Suite 101
Louisville, KY 40220
502-742-4979

Fax: (502) 749-7700
Email: AMHarris@ImagineInsAdv.com
MKWarner@ImagineInsAdv.com
CBrugh@ImagineInsAdv.com