Your Insurance Company Info:

Insurance Company Name

Street Address

City, State, ZIP

To Whom It May Concern:

I am inquiring about receiving information regarding the Medicare Options that your company offers in an alternative format. I have a visual impairment and the documents are in a format that is not accessible to me. Please send the materials in the following format:

☐ Accessible Electronic Document (PDF) ☐ Braille

☐ Audio ☐ Large Print

If your organization does not currently use a company for your alternative format requirements please consider using Braille Works, a CMS approved company. Braille Works serves leading healthcare institutions and large insurance companies with accessible 508-compliant PDF's, audio, Braille, and large print documents for their blind and visually impaired customers.

To reach them, go to BrailleWorks.com or call 1-800-258-7544.

Thank you in advance for complying with the Federal laws regarding my obtaining equal access to healthcare information and Medicare Plans.

Please send the materials to the address below.

Sincerely,

Your Name

Your Street Address

Your City, State, ZIP