[Your Name]
[Your Address]
[Your City, State, Zip Code]
[Your Phone Number]
[Your Email Address]

[Date]

[Agent or Company Name]
[Agency Address]
[City, State, Zip Code]

Subject: Request for Medicare Supplement Insurance Consultation

Dear [Agent Name],

I am writing to request a consultation regarding Medicare Supplement (Medigap) insurance plans. I am currently [enrolled in / approaching eligibility for] Medicare Part A and Part B and would like to review my options for additional coverage.

I am interested in learning more about the following:

- The differences between various standardized Medigap plans (e.g., Plan G, Plan N).
- Premium rates and potential rate increase histories for different carriers.
- How these plans coordinate with my current healthcare providers.
- The application process and any medical underwriting requirements.

Please contact me at your earliest convenience to schedule a brief meeting or phone call. I am generally available on [Days of the week] during [Preferred time of day].

Thank you for your assistance. I look forward to hearing from you.

Sincerely,

[Your Signature]

[Your Printed Name]