



Essential Plan Referral Permission to Contact Attestation Form

We look forward to contacting you about the EmblemHealth Essential Plan.

By signing this form, you consent to receive calls and/or emails from an EmblemHealth representative about EmblemHealth products and services at the number you have provided (including mobile devices). These calls may be made using an automated technology and your consent to receive these calls is not required as a condition for you to make a purchase.

To be completed by prospective member	
Name:	Phone:
Email:	
Signature:	Date:

To be completed by broker	
Name:	Phone:
Broker License Number:	
Broker ID (optional):	