



MEDICARE OPEN ENROLLMENT

October 15th to December 7th

Pre-Enrollment Form

Once completed, return this form to:
YOUR SHIIP COUNSELOR

Name: _____ Date of Birth: _____

Mailing Address: _____

Physical Address: _____

Phone: () County: Year Round Resident? Yes No

Email Address: Race: Gender: _____

How did you hear about us: Primary Language? _____

I am interested in reviewing my Part D Drug Plan? Yes No Advantage Plan? Yes No

Do you have a Supplement? Yes No Are you happy with your supplement? Yes No

Do you currently have other insurance coverage? Yes No If yes, Which? _____

I am here for: Open Enrollment Initial Enrollment Special Enrollment Other

Are you using your Medicare Preventative Services? Yes No

Are you Receiving or Applying for Social Security Disability or Medicare Disability benefits? Yes No

Medicare Card Information

Name: _____

Number: _____

Part A effective Date: _____

Part B effective Date: _____

I need a new Medicare Card? Yes No

Income/Subsidy Information

Does your monthly income fall below \$1,561 for Single or \$2,114 for Married? Yes No

Do your Resources/Assets fall below \$12,890 for Single or \$25,720 for Married? Yes No

Are you currently receiving? Extra Help
 Medicaid MQB Medicare Savings Plan

MyMedicare.gov Account Info

I Prefer NOT to share this Information

Username: _____

Password: _____

Security Question: _____

Answer: _____

Pharmacy Information

Preferred Pharmacy? _____

Alternative Pharmacy? _____

Do you use Mail Order? Yes No

Please list any medications that are NOT covered by your current plan?

PLEASE PROVIDE US WITH INFORMATION ABOUT YOUR PRESCRIPTIONS AND PHARMACY.

NOTE: You may be able to obtain a computerized listing from your pharmacist/pharmacy to attach. If not, Please complete the chart below. Please attach additional sheets if needed.

NAME OF DRUGS	STRENGTH	DAILY DOSE
<i>Example: Lipitor</i>	<i>Example: 10 mg.</i>	<i>Example: Twice Daily</i>

DO YOU HAVE ANY PROBLEMS, COMMENTS OR CONCERNS YOU WOULD LIKE TO DISCUSS?

APPOINTMENT PREFERENCES:

I prefer Mornings Afternoons What time of day works best for you?

I would prefer to have a Phone Appointment Video Chat I can only meet in person

Have you ever participated in a video conference before? Yes No

I prefer to use Zoom Google Meets Other

I have a computer at my home that I can use? Yes No

I am comfortable with the computer Yes No

I have internet at my home Yes No I have an active email account? Yes No

FOR OFFICE USE ONLY: _____

Appointment Scheduled for: Date: _____ Time: _____ Session Conducted by: _____

Phone Video In-person Sent Comps, Materials US Mail Emailed Fax Date _____