

MEDICARE PART D & SUPPLEMENTAL INSURANCE INFORMATION

Please fill out this information sheet and return it to the Senior Center Reception Desk.
A Medicare consultant will process your information and call you to set up an appointment.

I would like to discuss the following with a Medicare consultant:

- Medicare Part D Plan
- Medicare Supplement Plan
- Other _____

Name _____

Date of Birth _____

Address _____

City/Zip _____

Phone _____

County _____

Name of 2014 Part D Insurance Plan _____ (Company plus any description such as Basic, Choice, Premier)		
Monthly 2014 Premium _____		
Name of current Medicare Supplement Plan (without drug coverage)	<u>OR</u>	Name of current Medicare Supplement Plan (with drug coverage)
_____ (Company plus any description such as Basic, Essentials, Premier)		_____ (Company plus any description such as Basic, Essentials, Core)
Monthly Premium _____		Monthly Premium _____

Pharmacy of Choice _____

LIST PRESCRIPTIONS ON BACK OF INFORMATION SHEET

