



# Pre-Enrollment Form

## MEDICARE OPEN ENROLLMENT October 15th to December 7th

Once Completed, Return This Form To: East Alabama Regional Planning Commission, SHIP, P. O. Box 2186, Anniston, AL 36202

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     )                      County: \_\_\_\_\_                      Year-Round Resident?  Yes  No

Email Address: \_\_\_\_\_

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 need help for:  Open Enrollment  Initial Enrollment  Special Enrollment  Other \_\_\_\_\_

### Medicare Card Information                      MyMedicare.gov Account Info

Name: \_\_\_\_\_  I Prefer NOT to share this Information

Number: \_\_\_\_\_ Username: \_\_\_\_\_

Part A effective Date: \_\_\_\_\_ Password: \_\_\_\_\_

Part B effective Date: \_\_\_\_\_ Security Question: \_\_\_\_\_

I need a new Medicare Card.  Yes  No                      Answer: \_\_\_\_\_

### Income/Subsidy Information                      Pharmacy Information

Does your monthly income fall below \$1,561 for Single or \$2,114 for Married couple?  Yes  No                      What is your Preferred Pharmacy? \_\_\_\_\_  
Alternative Pharmacy? \_\_\_\_\_

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

Are you currently receiving?  Extra Help                      Are there any Medications that are not covered by  
your current plan?  Yes  No

Medicaid  MSP Medicare Savings Plan                      List: \_\_\_\_\_

