





## **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? ☐ Ineed 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	Do you use Mail Order?	
or \$25,720 Married? □Yes □ No	☐ Yes ☐ No	
Are you currently receiving? ☐ Extra Help	Are there any Medications that are not covered by	
☐ Medicaid ☐ MSP Medicare Savings Plan	your current plan? ☐ Yes ☐ No List:	

## 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 chartbelow. Please attach additional sheets if needed.

Name of Drugs	Strength	Daily Dose	
Example: Lipitor	Example: 10 mg.	Example: Twice Daily	
Do you have any problems, comments, or concerns you would like to discuss?			
Appointment Preferences:			
I prefer ☐ Mornings ☐ Afternoons What time works best for you?			
I would prefer to have a $\Box$ Phone Appointment $\Box$ Video Chat $\Box$ I can only meet in person			
Have you ever participated in a video conference before? ☐ Yes ☐ No			
I prefer to use ☐ Zoom ☐ Microsoft Teams ☐ Google Duo ☐ FaceTime ☐ 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:			
☐ Phone ☐ Video ☐ In-person Sent Comps, Materials, Link ☐ Mail ☐ Emailed ☐ Fax Date			