

# Medicare Prescription Drug Coverage Information Form

## How should you use this worksheet?

Use this worksheet to gather the information you will need to find a Medicare drug plan that meets your needs. You may find it helpful to gather all of your prescription drug bottles and your red, white, and blue Medicare card before you fill out this worksheet.

1. What is your name and address?

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First Name M.I. Last Name

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Address

|  |  |
|--|--|
|  |  |
|--|--|

City

Zip Code

|  |   |  |   |  |  |
|--|---|--|---|--|--|
|  | - |  | - |  |  |
|--|---|--|---|--|--|

Phone Number

County

2. What is your Medicare Claim Number on your Medicare card?

|  |   |  |   |  |   |  |
|--|---|--|---|--|---|--|
|  | - |  | - |  | - |  |
|--|---|--|---|--|---|--|

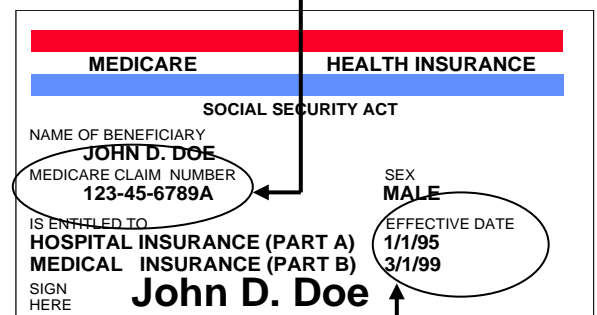
3. What is your Medicare effective date(s)?

|  |   |  |   |  |
|--|---|--|---|--|
|  | - |  | - |  |
|--|---|--|---|--|

Part A--Month Day Year

|  |   |  |   |  |
|--|---|--|---|--|
|  | - |  | - |  |
|--|---|--|---|--|

Part B--Month Day Year



4. What is your date of birth?

|  |   |  |   |  |
|--|---|--|---|--|
|  | - |  | - |  |
|--|---|--|---|--|

Month Day Year

5. Do you currently have drug coverage through one of the following?

Medicare Part D Drug Plan: Name of Plan \_\_\_\_\_

Medicare Advantage Plan: Name of Plan \_\_\_\_\_

Employer/Retiree plan  Union Plan

VA  TriCare  Federal Employee Health Benefits Plan

6. How would you like to receive your Medicare drug benefits? You can get your Medicare prescription drug coverage two different ways:

**Medicare stand-alone drug plans**

**Medicare Advantage Plans and Other Health Plans** –Provides your Medicare drug coverage plus your Medicare Part A and Part B benefits.

I would like information about both types of plans.

7. Do you currently receive any of the following benefits?

Medicaid  Help paying your Medicare Part B premium

Extra help with your Medicare drug costs

**If you checked one of the boxes in number 7, skip questions 8 and 9.**

8. Are you single and your annual income is \$16,245 or less **and** your resources are below \$12,510? (Include items you own by yourself or with someone else. Don't include your home, vehicles, burial plots, or personal possessions.)

Yes  No

9. Are you married and your annual income is \$21,855 or less (include your spouses income) and your resources are below \$25,010? (Include items you own by yourself or with someone else. Don't include your home, vehicles, burial plots or personal possessions)

Yes  No

If you answered yes to question 8 or 9 you may be eligible for extra help with your prescription drug costs. To apply contact your local Social Security Office or SHIP counselors are available to assist you with your application.



