

ANNUAL ELECTION PERIOD OCT. 15 – DEC. 7

Medicare Part D Prescription Drug Plan Finder Tool

855-408-1212 • www.ncshiip.com

The Seniors' Health Insurance Information Program (SHIIP) can help you find a Medicare Prescription Drug Plan that will meet your needs and assist you with enrolling in a plan. The following questionnaire provides the information that SHIIP staff and volunteers need to be able to prepare a report for your consideration.



Once completed, please take this form to a counseling clinic in your county or mail to:
North Carolina SHIIP, 1201 Mail Service Center, Raleigh NC 27699-1201

Name: _____ Date of Birth: _____
(Please provide your name as it appears on your Medicare Card)

Address: _____
(Please provide the address and zip code you have on file with Medicare)

City: _____ State: _____ Zip: _____

Phone: () _____ County: _____ Email: _____

Do you live in NC year round? Yes No What is your primary language (if not English)? _____

How did you learn about SHIIP? _____

What is YOUR Medicare Number? _____

What is YOUR effective date for Medicare Part A? _____

What is YOUR effective date for Medicare Part B? _____

MEDICARE HEALTH INSURANCE	
Name/Nombre	JOHN L SMITH
Medicare Number/Número de Medicare	1EG4-TE5-MK72
Entitled to/Con derecho a	PART A PART B
Coverage starts/Cobertura empieza	03-03-2016 03-03-2016

Do you currently have insurance coverage for prescriptions? Yes No

Federal Employees Health Benefit Plan/TRICARE for Life/Veterans' Administration

NC State Employee Health Plan Retiree Coverage

Please send my report to the family member/caregiver/etc. listed below:

Name: _____ Phone: () _____

Address: _____

Relationship: _____ Email: _____

