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: (Please provide your name as it appears on your	Date of Birth: n your Medicare Card)	
Address: (Please provide the address and zip code you h		
City:		Zip:
Phone: County:	Email:	
Do you live in NC year round? Yes No WI	hat is your primary language (if	not English)?
How did you learn about SHIIP?		
What is YOUR Medicare Number?	MEDIC	CARE HEALTH INSURANCE
What is YOUR effective date for Medicare Part A?	Name/Nombre JOHN L SMI	тн
	Medicare Number/Númer	
What is YOUR effective date for Medicare Part B?	1EG4-TE5-M Entitled to/Con derecho a PART A PART B	
Do you currently have insurance coverage for prescr ☐ Federal Employees Health Benefit Plan/TRICARE to ☐ NC State Employee Health Plan	for Life/Veterans' Administration	n
Please send my report to the family member/caregi	iver/etc listed helow:	
Name:	•	one : ()
Address:		
Relationship:	Email:	

Are you interested in learning Medicare Stand-alone Pres	about Medicare prescription drug conscription Drug Plans	overage available through: Advantage Plans (Medicare, HMOs, PPOs, PFFS, etc.)
Do you pay more than \$8.95 f	or brand name drugs and \$3.60 for g	generic drugs?
Does your monthly income level Do your assets fall below \$13,500. Please provide us with information of the second secon	s available to help with prescription of the last self all below \$1,595/single or \$2,155/single or \$2,155/single or over \$26,160/married (lastion about your prescriptions and prescriptions are prescriptions and prescriptions and prescriptions are prescriptions and prescriptions are prescriptions and prescriptions are prescriptions are prescriptions and prescriptions are prescriptions are prescriptions are prescriptions are prescriptions are prescriptions are prescriptions and prescriptions are	/married (living together)?
NAME OF DRUG	STRENGTH	DAILY DOSAGE
Example: Lipitor	Example: 10 mg.	Example: Twice Daily
I prefer to have my prescription Please check all that apply: I would be willing to use a I prefer to use a mail order I live in a Long-Term Care F	pharmacy.	
NOTES		
For office use ONLY Username Password		

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