

**Medicare Prescription Drug
Plan-finder Counseling Tool**



Medicare Number: _____

Effective Date for Part A _____ Part B _____

Name: _____

Mailing Address: _____

City: _____ ZIP: _____

Phone: _____ M F Date of Birth: _____

Are you living with your spouse? [] YES [] NO

Do you receive a Supplemental Security Income check? [] YES [] NO

Tip: This is not regular Social Security or Disability.

Do you have Medicaid? [] YES [] NO

Tip: This is a green card that you use at the doctor's office.

Does the state pay your Medicare monthly premium? [] YES [] NO

Tip: In 2006 it was \$88.50; For 2007, it is \$93.50.

Have you applied for extra help through Social Security? [] YES [] NO

Are you eligible for the extra help subsidy? [] YES [] NO

Tip: Income less than \$1225 (single), \$1650 (married) **and**
Assets/Resources less than \$11,710 or \$23,410 (couple)

Is your life insurance policy worth more than \$1,500? [] YES [] NO

Tip: This is the Cash Value of the policy, not the face value.

Do you currently have Prescription Drug Coverage? [] YES [] NO

If YES, what is your current plan? _____

Please use the reverse side of this form to list your medications, so a computer comparison can be done to find a Medicare Part D plan that fits your needs.

This information is intended for the addressee and may contain confidential information. If you were not the intended recipient, please notify ServiceLink at 1-866-634-9412.

