

Medicare Part D Personal Information Worksheet

Use this worksheet to help gather all the information you need to choose a Medicare drug plan that meets your needs.
Please fill out as much of the information on this worksheet as possible.

Complete the following personal information

Currently I have a: Medicare Part D Drug Plan Medicare Advantage Health Plan Neither

Name: _____ Date of Birth: ____-____-____

Address: _____ County: _____

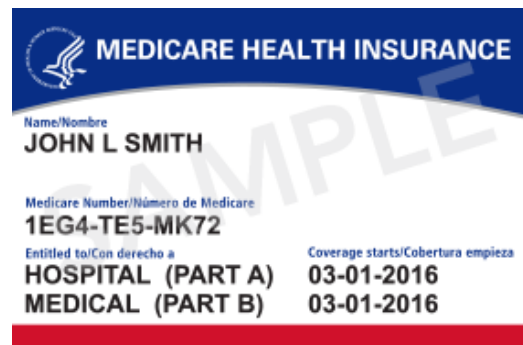
City: _____ State: _____ Zip Code: _____

Telephone Number: (____) _____-_____

Medicare Claim Number: _____

Part A Effective Date: ____-____-____

Part B Effective Date: ____-____-____



My income and assets are below the following guidelines:

Individual: Monthly Gross Income: \$1,615
Assets: \$14,610

Married Couple: Monthly Gross Income: \$2,175
Assets: \$29,160

Please list the prescriptions you are taking and your pharmacy the back of this sheet

If you have a current list of your prescriptions, you **DO NOT** need to recopy them; simply include your list with this sheet.

Read and sign below

By signing below, I acknowledge that I am making my enrollment decision freely and voluntarily. While I may receive information from a counselor with Nebraska SHIP, the final decision will be made of my own free will and choice. I understand that the counselor who assists me may be a volunteer and will only provide me with information to assist me in my decision. **I further understand that drug prices available on the www.medicare.gov are only an estimate and subject to change.** I hereby release any and all liability that may possibly be attributable to the volunteer counselor and agree not to pursue any legal action against the counselor and/or SHIP for actions taken in their capacity as a counselor.

I HEREBY GIVE SHIP, SHIP'S COUNSELOR(S) AND VOLUNTEER COUNSELOR(S) THE ABILITY TO ASSIST IN THE CREATION OF OR CREATE ON MY BEHALF A MYMEDICARE.GOV ACCOUNT. I FURTHER UNDERSTAND THAT THIS ACCOUNT CONTAINS PERSONAL, IDENTIFIABLE HEALTH INFORMATION THAT I AM ALLOWING, FOR THE PURPOSE STATED ABOVE, SHIP TO ACCESS IN ORDER TO CREATE AND ACCESS THE MYMEDICARE.GOV ACCOUNT.

Signature: _____ Date: _____

