



MEDICARE OPEN ENROLLMENT

October 15th to December 7th

Pre-Enrollment Form

Once completed, return this form to: McDowell County SHIIP/McDowell Senior Center, 100 Spaulding Road, Marion, NC 28752 Telephone: 828-659-0821

Name: _____ Date of Birth: _____

Mailing Address: _____

Physical Address: _____

Phone: () County: Year Round Resident? ☐ Yes ☐ No

Email Address: Race: Gender:

How did you hear about us: Primary Language?

I am interested in reviewing my Part D Drug Plan? ☐ Yes ☐ No Advantage Plan? ☐ Yes ☐ No

Do you have a Supplement? ☐ Yes ☐ No Are you happy with your supplement? ☐ Yes ☐ No

Do you currently have other insurance coverage? ☐ Yes ☐ No If yes, Which?

I am here for: ☐ Open Enrollment ☐ Initial Enrollment ☐ Special Enrollment ☐ Other

Are you using your Medicare Preventative Services? ☐ Yes ☐ No Military Affiliation? ☐ Yes ☐ No

Are you Receiving or Applying for Social Security Disability or Medicare Disability benefits? ☐ Yes ☐ No

Medicare Card Information

Name: _____ ☐ I Prefer NOT to share this Information

Number: _____ Username: _____

Part A effective Date: _____ Password: _____

Part B effective Date: _____ Security Question: _____

I need a new Medicare Card? ☐ Yes ☐ No Answer: _____

Income/Subsidy Information

Does your monthly income fall below \$1,956 for Single or \$2,644 for Married? ☐ Yes ☐ No

Do your Resources/Assets fall below \$17,600 for Single or \$35,130 for Married? ☐ Yes ☐ No

Are you currently receiving ☐ Extra Help ☐ Medicaid ☐ MQB Medicare Savings Plan

MyMedicare.gov Account Info

☐ I Prefer NOT to share this Information

Username: _____

Password: _____

Security Question: _____

Answer: _____

Pharmacy Information

What is your Preferred Pharmacy? _____

Alternative Pharmacy? _____

Do you use Mail Order? ☐ Yes ☐ No

Please list any medication that are NOT covered by your current plan.

Please provide us with information about your prescriptions and pharmacy.

NOTE: You may be able to obtain a computerized listing from your pharmacist/pharmacy to attach. If not, Please complete the chart below. Please attach additional sheets if needed.

Name of Drugs (include tab/cap/ER/CR/etc)	Strength	Daily Dose	Fill Frequency
<i>Example: Lipitor</i>	<i>Example: 10 mg.</i>	<i>Example: Twice Daily</i>	<i>Example: Monthly</i>

Do you have any problems, comments or concerns you would like to discuss?

Appointment Preferences:

I prefer ☐ Mornings ☐ Afternoons What time of day works best for you?

I would prefer to have a ☐ Phone Appointment ☐ Video Chat ☐ I can only meet in person

If you would prefer a video chat, please answer these questions:

Have you ever participated in a video conference before? ☐ Yes ☐ No

I have a computer at my home that I can use? ☐ Yes ☐ No

I am comfortable with the computer ☐ Yes ☐ No

I have internet at my home ☐ Yes ☐ No I have an active email account? ☐ Yes ☐ No

FOR OFFICE USE ONLY: _____

Appointment Scheduled for: Date: _____ Time: _____ Session Conducted by: _____

☐ Phone ☐ Video ☐ In-person Sent Comps, Materials ☐ US Mail ☐ Emailed ☐ Fax Date _____

DISCLOSURE: PLEASE READ AND SIGN

SHIIP counselors operate under a confidentiality agreement. Your information will not be shared or accessed outside of the purpose of a counseling session, and it will be securely stored in your SHIIP file or shredded upon your request.

SHIIP counselors are not licensed insurance agents, and they do not sell or endorse any product, plan, or company. If you have questions about your specific plan, we encourage you to contact your insurance agent or the insurance company.

You will be asked to agree to this statement:

I understand that the SHIIP counselor (paid staff or volunteer) is acting in good faith to provide information about the Medicare program and about health insurance policies and benefits on a volunteer basis, and that the information shall not be construed as legal advice.

The Seniors' Health Insurance Information Program (SHIIP) uses the Medicare Plan Finder on the Medicare.gov website to compare Medicare Part D and Medicare Advantage health plans.

The Medicare Plan Finder allows for a general comparison or a personalized comparison. A personalized comparison can provide a more accurate comparison but requires an individual to have an online Medicare.gov account. With a Medicare.gov account you can store your drug list, make updates from year to year, and quickly compare drug plans.

To complete a personalized comparison for you, a SHIIP counselor can use your current Medicare.gov account username and password OR help you create a new account. SHIIP can also store your username and password to be able to assist you in future years.

The account will ONLY be used by SHIIP to access the Medicare.gov website to enter your drugs, store your drug list, and compare drug or health plans for you. At no time will SHIIP access your Medicare.gov account without your consent. SHIIP is required to, at a minimum, obtain verbal consent to use your username and password to access your Medicare.gov account or to create an account for you.

You will be asked to agree to this statement:

If needed I am authorizing SHIIP to assist me in creating an online Medicare.gov account, or to access my current account, to create or update my drug list and compare Medicare Part D and/or Medicare Advantage plans and I am authorizing SHIIP to securely store the Username for Medicare.gov account to assist me with plan comparisons or other Medicare enrollment or claims issues now and in the future upon my request. This consent is granted for one year from the signature.

DO YOU AGREE? ☐ Yes ☐ No

Signature_____ Date_____