

Member ID _____ Confidential Needs Analysis

Initial Interest: ☐ Health ☐ Hospital ☐ Cancer ☐ Life ☐ Annuity

Name _____ Spouse _____ New Plan _____

Address _____

Phone _____ County _____ DOB _____

Veteran Y/N _____ Branch _____ Member ID _____ Plan ID _____

Note _____

Current Situation _____

Next Steps _____

Location _____ Date _____ Time _____

Email _____ Wifi _____ Password _____

Healthcare

Plan Name _____ Plan Type _____

Premium \$ _____ Effective Date ____ / ____ / ____

Part D _____ Premium \$ _____

Medicaid Eligible Yes No ID # _____

Spend Down Yes No Monthly Amount \$ _____

Classification EH FEH PEH DE PDE FBDE SLIMB QMB QMB+

SNP-D _____

SNP-C _____

Hospital _____

PCP _____

Provider ID _____

Primary Care ID _____

PCP Phone _____

User Name _____

Initials Last name @ house number

Secret Question _____

Spec _____

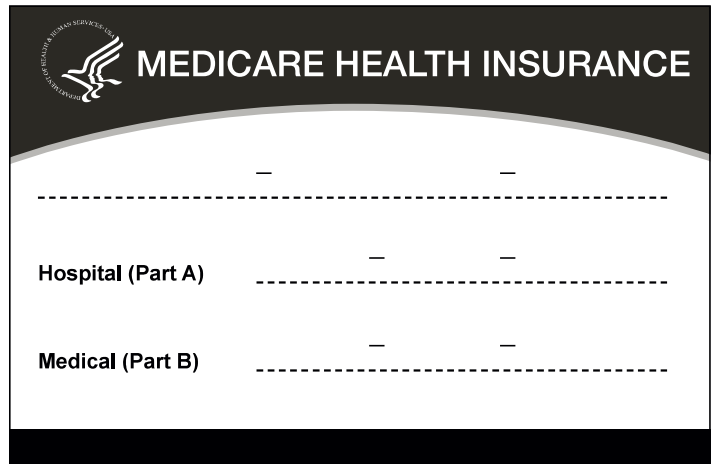
Spec _____

Spec _____

Password _____

Name of City Zip!

Answer _____



The graphic shows a Medicare Health Insurance form. At the top left is the Medicare logo. To its right, the text 'MEDICARE HEALTH INSURANCE' is displayed in large, bold, white capital letters on a black background. Below this header, the form is divided into sections for 'Hospital (Part A)' and 'Medical (Part B)'. Each section has a dashed line for a name and two horizontal lines for a number, with a minus sign between them. The 'Medical (Part B)' section also has a dashed line for a name and two horizontal lines for a number, with a minus sign between them.

Healthcare Ancillary

LIFE Carrier _____ Premium \$ _____ Hospital Carrier _____ Premium \$ _____

Cancer Carrier _____ Premium \$ _____ Annuity Carrier _____ Premium \$ _____