

KMF Insurance Agency
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 2247 Babcock Blvd, Pgh PA 15237



COVERAGE COMPARISON WORKSHEET

First / Last Name _____ DOB _____

Address _____ City/State/ZIP _____

Gender: ☐ Male ☐ Female

Current Plan _____

HEALTH CARE PLAN	CURRENT COVERAGE	MEDICARE SUPPLEMENTS	MEDICARE ADVANTAGE
Health Care Premium			
Specialist Co-Payment			
Deductible			
Part D Premium			
Rx Monthly Expense			
Total Monthly Expense			