



7134 N MERLYN PLACE, PAINESVILLE, OH 44077

For Medicare Plan Clients:

Plan Year: _____ Applicant Name: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

E-mail Address: _____

Date of Birth: _____ Phone Number _____

Medicare Number: _____ SSN: _____

Part A Effective: _____ Part B Effective: _____

Drug List ID: _____ Password: _____

Referred By: _____

Now That You Have Applied for Your Medicare Plan

1. Expect a verification call from the insurance company
2. You should receive your plan ID card(s) in around 10 business days
3. Date of Application: _____

Medicare Supplement Plan _____ Medicare Advantage Plan _____

- Insurance Company: _____
- Plan Name: _____

Medicare Drug Plan _____

- Insurance Company: _____
- Plan Name: _____

4. Payment Method:

Auto Debit Social Security _____ Auto Debit Checking/Savings _____

Pay by Credit Card _____ Pay Online _____ Pay by Mail _____