





Part D 2021 Annual Enrollment Period Worksheet for 2022 Plans

Please have the following items to assist you in completing this form:

ALL of your prescription medication bottles Your red, white & blue Medicare card Any other current health insurance cards or prescription insurance cards

Name:			
Address:			
City:	Zip Code:	County	
Phone:		Date of Birth:	
May we call and/or le	ave a voice message at this	phone number?	
Please refer to your I	Medicare red, white & blue ca	ard to fill in the blanks:	
	MEDICARE HE	ALTH INSURANCE	
Name			
Medicare Numi	ber		
Entitled to Hospital	(PART A)	Coverage Starts	
Medical (PART B)		

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Current Plan: What does it say on your card:
What do you need help with: Check all that apply
I have a prescription drug plan and want to review that plan
I have a Medicare Advantage plan and want to review that plan
I want to switch from Original Medicare to an Advantage plan
I want to switch from a Medicare Advantage plan to Original Medicare
Financial Assistance: Check all that apply
My premium is paid by MDHHS
I get Extra Help through Social Security with my prescriptions I pay between \$3.60 and \$8.95 for medication co-pays I pay 15% co-pay
I don't have Extra Help
I might qualify and would like someone to call me to screen me for these programs
My Medicare account: Check all that apply
I already have a My Medicare account and here is my login information (the agency would have given you an orange card if we helped you last year)
Username:
Password:
I already have a My Medicare account but cannot remember my login information
I do not already have an account and need help setting one up
Platform: Check one I would like to come into the office for my counseling
I would like to do my counseling over the phone
I would like to do my counseling through Zoom and here is my email for that link

Provide the name of the medication, dosage, and monthly quantity. If you need more space, please continue on the back.

Name of Prescription Medication Please indicate if this is brand name or generic	Dosage	Frequency
	1	
	1	