Medicare Open Enrollment Worksheet

Prepare for your appointment, your call to 1-800-MEDICARE, or using Medicare Plan Finder online

Before you complete the sections below, please note: This worksheet may contain personal information that must be kept safe to prevent identity theft. You should only share your Medicare number or specific account details with trusted professionals such as SHIP counselors, healthcare providers, financial planners, or legally designated family representatives.

Personal Information

This information is used to help you find and enroll in your best plan, whether it's Medicare Part D or Medicare Advantage.

Preferred name: _____ Date of birth: _____

Physical address: _____

City: _____ Zip Code: _____ County: _____

Mailing address (if different): _____

City: _____ Zip Code: _____

Email: _____ Phone: _____

Medicare Card Information

Name as it appears on card: _____

☐ I have my Medicare card available and stored securely for my appointment.

Medicare.gov Account Information

☐ I have successfully signed in to my Medicare.gov account.

☐ I know my Medicare.gov account username and password and have them stored securely for my appointment.

Your Medicare Plan Information

Which type of plan do you have? ☐ Medicare Part D (drug) ☐ Medicare Advantage

Name of current plan: _____

Preferred pharmacy: 1. _____ 2. _____

Do you use mail order? ☐ Yes ☐ No

Medications not covered by current plan: _____

If you have additional prescription drug coverage, please list:

_____

Concerns with your current plan, such as premium, copays, providers:

_____

Your Other Health Insurance

- ☐ Medigap Plan – Plan letter name (Plan G, Plan N, etc.): _____
    - Company: _____
- ☐ Medicaid
- ☐ Active Employer Group Plan - Name: _____
- ☐ Retiree Group Plan – Name: _____
- ☐ Federal Employee Group Plan – Name: _____
    - ☐ Actively employed ☐ Retired
- ☐ COBRA Insurance
- ☐ Veterans Benefits (VA)
- ☐ TRICARE/TRICARE for Life
- ☐ Other _____

Help with Costs

Are you currently getting help from: ☐ Extra Help ☐ Medicaid

Would you like to apply for assistance with costs for prescription drugs or Medicare premiums and copays? **A SHIP counselor can assist you.**

You can also apply for Extra Help with prescription drugs or a Medicare Savings Program for help with premiums and copays on your own:

Extra Help
More information Apply

Medicare Savings Programs
More information Apply through your state Medicaid agency

Prescription Drug List

You'll need to provide a list of your prescription drugs. You may be able to obtain a printout of your drug list from your pharmacy or doctor's office.

Drug Name	Dosage	Frequency
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		

Provider List

If you have a Medicare Advantage plan or will be looking at these plans, you'll need a list of your providers.

Doctor Name	Location	Phone #
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		

Questions?

SHIP can help. Contact your State Health Insurance Assistance Program (SHIP) to compare plans, review costs, and understand your options. Visit **shiphelp.org**.

Compare Options. Ask Questions. Choose with Confidence.

SHIP
State Health Insurance Assistance Program

shiphelp.org

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