

Medicare Open Enrollment Worksheet

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

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: _____

Medicare #: _____ Need a new card? ☐ Yes ☐ No

Part A Effective Date: _____ Part B Effective Date: _____

Medicare.gov Account Information

Username: _____

Password: _____

Security Question: _____

Answer: _____

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 www.shiphelp.org.

Compare Options. Ask Questions. Choose with Confidence.

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