

\_\_\_\_\_

Date Rec'd: \_\_\_\_\_ # \_\_\_\_\_

# Waterford Senior Services Open Enrollment Worksheet For Part D

Complete this form and we will enter your information into the medicare.gov online plan finder. We will generate a report to help you choose a plan that will work the best for the medications that you take. Drop this off at Senior Services' Office at 24 Rope Ferry Road Waterford **or** Mail to: Senior Services 15 Rope Ferry Road, Waterford, CT 06385

We will contact you with an appointment time after we receive this form and have processed your information. All information provided is **confidential**. **Forms that are not fully completed will be returned.**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Do you have Medicare coverage?  If no, will you have Medicare in the next 3 months?

Do you have Original Medicare? Yes  No   
*OR*



Do you have a Medicare Health Plan (i.e. HMO, PPO, or Priv. Plan) Yes  No



If you are enrolled in a Medicare Health Plan (Medicare Advantage Plan), please provide the company name and ID #: \_\_\_\_\_  
*OR*

What is your Medicare number: \_\_\_\_\_

Do you have Part A? Effective Date: \_\_\_\_\_

Do you have Part B? Effective Date: \_\_\_\_\_

Current Medicare Rx Plan Name \_\_\_\_\_

Medicare Rx Number (S \_ \_ \_ \_ - \_ \_ \_ - \_)

The State of CT pays my monthly Medicare Part B premiums and I pay no more than \$3.30 and \$8.25 for prescriptions. Yes  No

Do you have a Supplemental/Medigap policy? Yes  No

If yes, which one? \_\_\_\_\_ Monthly premium? \_\_\_\_\_

*List any other Insurance Plans that you have through an Employer, Retirement, etc.*

Insurance Company Name: \_\_\_\_\_

Hospital/Doctor Coverage  Prescription Coverage

What pharmacy do you use? \_\_\_\_\_



**List your medications on the other side of this form.**

\_\_\_\_\_

# Prescription List

Drug Name	Strength	Dosage per day	Quantity Ordered per month
<i>Example: Lipitor</i>	10 mg.	1	30
	<i>Take information from RX container.</i>		<i>Please print clearly.</i>

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

7. \_\_\_\_\_

8. \_\_\_\_\_

9. \_\_\_\_\_

10. \_\_\_\_\_

11. \_\_\_\_\_

12. \_\_\_\_\_

13. \_\_\_\_\_

14. \_\_\_\_\_