

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 \$2.95 and \$7.40 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. _____