

Waterford Senior Services Open Enrollment Worksheet For Part D

Complete this form and refer to it or bring it with you to your meeting.

Forms available at Senior Services, 24 Rope Ferry Road Waterford.

Call us to schedule your appointment. All information provided is **confidential**.

Name: _____ Phone Number: _____

Address: _____

Zoom/Phone/In-Person: _____ **Email 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 Advantage Plan (i.e. HMO, PPO, or Priv. Plan) Yes No

If you are enrolled in a Medicare Advantage Plan please provide the company name and ID

#: _____

OR

What is your Medicare number: _____ **Bring your Medicare Card**

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 . 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

Does your monthly income fall below \$2641.00 for Single

or \$3572.00 for Married couple? Yes No

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
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Example: Lipitor

10 mg.

1

30

Take information from RX container.

Please print clearly.

1.

2.

3.

4.

5.

6.

7.

8.

9.

10.

11.

12.

13.

14.
