



Date: _____

Medicare Part D Prescription Plan Worksheet

1-877-801-0044
www.tn.gov/aging/

The following questionnaire provides the necessary information that SHIP volunteers and staff need to prepare a comparison report. Once completed, please send to TN SHIP, Andrew Jackson Building, 502 Deaderick Street, 9th Floor, Nashville, TN 37243. You may also fax the form to (615) 741-3309 or email it to tn.ship@tn.gov. You will receive a personalized report in the mail regarding the most affordable plans in your area. TN SHIP does not endorse any Medicare Advantage or Part D Prescription Drug Plan.

Name: _____ Date of Birth: ____/____/____
(Please provide your name as it appears on your Medicare Card)

Address: _____
(Please provide the address and zip code you have on file with SSA)

City: _____ State: _____ Zip: _____

Phone: _____ County: _____

Email Address: _____

Please choose how you would like your Medicare Plan Comparison:

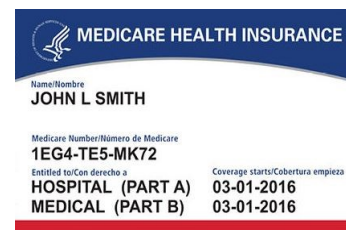
Option 1—Personalized Search for available plans tailored to you
MyMedicare.gov login info: (If you have already created an account)
Username : _____ Password: _____

Option 2—No MyMedicare.gov account, but still want plans tailored to you?
TNSHIP can set up your account with a **temporary** password.

Medicare Number

Part A Effective Date:

Part B Effective Date:



Do you currently have insurance coverage for prescriptions? Yes No
If yes, check any that apply:

Medicare Part D Plan (name) _____
Medicare Advantage Plan (name) _____

- | | |
|---|--|
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> TRICARE for Life |
| <input type="checkbox"/> Employer/Union Group Health Plan | <input type="checkbox"/> Veteran's Administration |
| <input type="checkbox"/> Federal Employee Health Benefit Plan | <input type="checkbox"/> Medigap/Medicare Supplement |
| <input type="checkbox"/> Other (retirement, private, etc.) | _____ |

