

# Medicare Part D Comparison Worksheet

Please use this worksheet to help you gather all the information you will need to find a Medicare Part D Prescription Drug Plan that will meet your needs. Fill out as much of the information as possible. If you currently have TRICARE, VA benefits, or employer health insurance, contact your benefits administrator for more information **before** making any changes.

**Mail completed form to: TARCOG, 5075 Research Dr. NW, Huntsville, AL 35805 ATTN: SHIP**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Please provide your name as it appears on your Medicare Card)

Address: \_\_\_\_\_  
(Please provide the address and zip code on file with Social Security)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

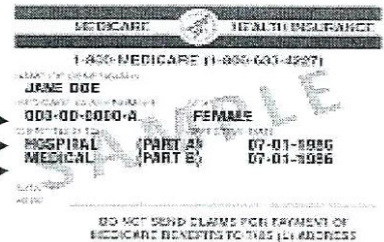
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicare Claim Number: \_\_\_\_\_

Part A Effective Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Part B Effective Date \_\_\_\_ - \_\_\_\_ - \_\_\_\_



Are you on extra Help? Yes \_\_\_ No \_\_\_  
If yes, check one: QMB \_\_\_ SLMB \_\_\_ QI1 \_\_\_ LIS \_\_\_

What is your gross monthly income (including Medicare Part B Premium, if applicable)? \_\_\_\_\_

What insurance coverage do you currently have? Check all that apply:

- Medicare Prescription Drug Plan. Name of Plan: \_\_\_\_\_
- Medicare Advantage Plan. Name of Plan: \_\_\_\_\_
- Medicaid
- Employer or Union Retiree Plan
- Other (Veteran' coverage, TRICARE, etc.): \_\_\_\_\_

