TARCOG

Area Agency on Aging

Let TARCOG help you get ready for Medicare Open Enrollment!

Medicare Open Enrollment will be upon us soon. Every year from October 15th to December 7th Medicare beneficiaries have the opportunity to make changes to their Medicare Part D drug plan or Medicare Advantage plan.

Please take a moment and go to TARCOG's web page and find the link that says Open Enrollment. Click on the link and complete the information.

As the Medicare Open Enrollment dates approach you will be contacted to go over the information regarding your 2023 Medicare choices.

If you are interested in Medicare Open enrollment help but are unable to access the link, please complete the form and return it as soon as possible.

Return completed Pre-enrollment Forms to:

TARCOG

Attn: SHIP Department

5075 Research Drive, Huntsville AL 35805

If you have any questions, please do not hesitate to contact Teresa Hazzard, SHIP Coordinator 256-716-2452 or 256-830-0818 or teresa.hazzard@tarcog.us



Medicare Part D Comparison Worksheet

Use this worksheet to help you gather all the information you need to find a Medicare Part D Prescription Drug Plan or Medicare Advantage Plan which will meet your needs. 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)	<u> </u>
Street Address (required):		
(Please provide	e the address and zip code	e on file with Social Security)
P.O. Box (if applicable):		
City:	State:	County:
Phone: ()	Cell: (
Gender:MaleFemale	Race/Ethnicity	7:
Emergency Contact:		Phone ()
Medicare Claim Number: Part A Effective Date Part B Effective Date Are you on Extra Help? Yes No		MEDICARE HEALTH INSURANCE
Part A Effective Date		JOHN L SMITH
Part A Effective Date Part B Effective Date Are you on Extra Help? Yes No	7	Meditie Numberfalmien de Medium
Are you on Extra Help? Yes No	<i>></i>	1EG4-TES-MK72 Lambel to Contrary Intercept In
If yes, check one: QMB SLMB QI1	100	MEDICAL (PART B) 03-01-2016
What is your gross monthly income (including	g Medicare Part B Pre	mium, if applicable)?
What insurance coverage do you currently ha		
Medicare Prescription Drug Plan. Name o	f Plan:	
Medicare Advantage Plan. Name of Plan:		
_Original Medicare Only		
_Employer or Union Retiree Plan		
_Supplement/Medigap		

(over)

Name and address of Pharmacy (required):		
Drug Name	Dosage	# of times taken per day
·		
A-1		
	n	
*		
	Harrier	
	4	
		12
	51	
Are you requesting information on:		For Internal Use
Medicare Prescription Drug Plan	ns only	Med List ID:
OR		
Medicare Advantage Plans whic	h includes drug coverage	Date:
prescription drugs or Medica 2. I understand as part of the SI	re Advantage programs HIP counseling services, the c	selecting a plan for the Medicare Part D counselor will not direct me to enroll, licare Part D plan or Medicare Advantage plan
Signature		Date: