

# 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 15<sup>th</sup> to December 7<sup>th</sup> 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](mailto:teresa.hazzard@tarcog.us)**



**SHIP**

State Health Insurance  
Assistance Program



## 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)

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

P.O. Box (if applicable): \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Gender:  Male  Female Race/Ethnicity: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Medicare Claim Number:

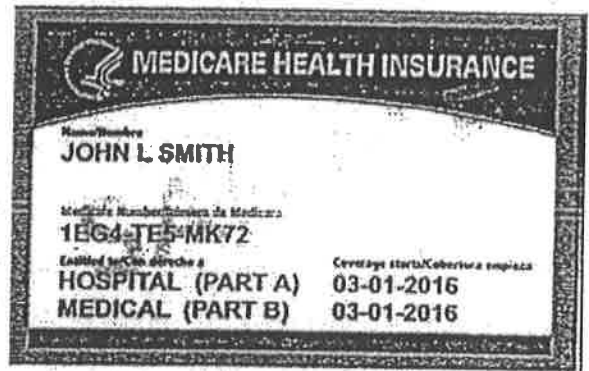
\_\_\_\_ - \_\_\_\_ - \_\_\_\_

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?

Medicare Prescription Drug Plan. Name of Plan: \_\_\_\_\_

Medicare Advantage Plan. Name of Plan: \_\_\_\_\_

Original Medicare Only

Employer or Union Retiree Plan

Supplement/Medigap

(over)

