

# Medicare Part D Prescription Drug Plan Worksheet

1-800-478-6065 • in Anchorage 269-3680

[www.medicare.alaska.gov](http://www.medicare.alaska.gov)

The Medicare Information Office is able to help you find a Medicare Prescription Drug Plan that will meet your needs and assist you with enrolling in a plan. Please complete this questionnaire so that a Medicare (SHIP) Counselor can assist you in identifying and enrolling in a Prescription Drug Plan (Part D). This service is through Alaska's State Health Insurance Assistance Program (SHIP) -- it is objective and free of charge.

## Please provide contact information about yourself

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

Address: \_\_\_\_\_  
(Please provide the address where Social Security sends your mail)

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

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

What is your Medicare Number?

\_\_\_\_\_

What is your Medicare Part A effective date?

\_\_\_\_\_

What is your Medicare Part B effective date?

\_\_\_\_\_



Do you reside in Alaska year round?  Yes  No

Do you currently have insurance coverage for prescriptions?  Yes  No

### If yes, check all that apply:

- Medicaid
- State of Alaska, Retiree or Active Employee
- Federal Employees Health Benefit
- TRICARE
- Veterans Administration (VA)
- Indian Health Service (IHS)
- Medigap (Medicare Supplement)
- Medicare Advantage (Part C)
- Other: \_\_\_\_\_

