

Open Enrollment Period (Oct. 15 – Dec. 7)

Medicare Part D Prescription Drug Plan Finder Tool

855-408-1212 • www.ncshiiip.com

The Seniors' Health Insurance Information Program (SHIIP) can help you find a Medicare Prescription Drug Plan to meet your needs and assist you with enrolling in a plan. The following questionnaire provides the information that SHIIP staff and volunteers need to prepare a report for your consideration.



Once completed, please take this form to a counseling clinic in your county or mail to:

Margie DiDona or Lisa Alley, Randolph Senior Adults, 347 W. Salisbury Street, Asheboro, NC 27203

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 Medicare)

City: _____ State: _____ Zip: _____

Phone: () _____ County: _____ Email: _____

Do you live in NC year round? Yes No What is your primary language (if not English)? _____

How did you learn about SHIIP? _____

What is YOUR Medicare Number? _____

What is YOUR effective date for Medicare Part A? _____

What is YOUR effective date for Medicare Part B? _____



Do you currently have insurance coverage for prescriptions? Yes No
 Federal Employees Health Benefit Plan/TRICARE for Life/Veterans' Administration
 NC State Employee Health Plan Retiree Coverage

Please send my report to the family member/caregiver/etc. listed below:

Name: _____ Phone: () _____

Address: _____

Relationship: _____ Email: _____

