

ANNUAL ELECTION PERIOD OCT. 15 – DEC. 7

Medicare Part D Prescription Drug Plan Finder Tool 1-855-408-1212 • www.ncshiiip.com



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

Once completed, please take this form to a counseling clinic in your county or mail to:
North Carolina SHIIP, 11 S. Boylan Avenue, Raleigh NC 27603

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 Claim Number?

What is YOUR effective date for Medicare Part A?

What is YOUR effective date for Medicare Part B?

MEDICARE  HEALTH INSURANCE	
SOCIAL SECURITY ACT	
NAME OF BENEFICIARY	JOHN D. DOE
MEDICARE CLAIM NUMBER	123-45-6789A
IS ENTITLED TO	HOSPITAL INSURANCE (PART A) MEDICAL INSURANCE (PART B)
SEX	MALE
EFFECTIVE DATE	1/1/95 1/1/95
SIGN HERE	 <i>John D. Doe</i>

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

For office use ONLY

Drug List ID# _____

Password _____

