



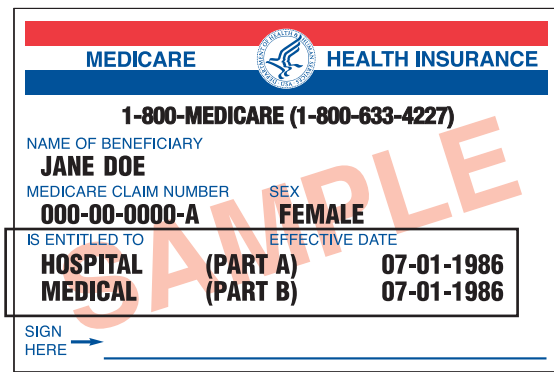
4. What is your effective date (when you first enrolled) for Medicare Part A?

		—			—				
Month			Day			Year			

OR

What is your effective date (when you first enrolled) for Medicare Part B?

		—			—				
Month			Day			Year			



5. What is your ZIP Code?

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6. What county do you live in? \_\_\_\_\_

7. What type(s) of prescription drug coverage do you have? (Check all that apply)

- Medicare Prescription Drug Plan  
Name of Plan \_\_\_\_\_
- Medicare Health Plan (e.g., HMO, PPO, Private Fee-for-Service Plan, Medicare Medical Savings Account Plan)
- Medicaid
- Employer or Union Retiree Plan  
Medigap (Medicare Supplement Insurance) Policy
- None of the Above
- I don't know

**You can get Medicare prescription drug coverage in two different ways:**

- Medicare Advantage Plans and Other Medicare Plans.  
Medicare Advantage Plans include HMOs, PPOs, Private-Fee-for-Service Plans, Medicare Medical Savings Account (MSA) Plans, and Special Needs Plans.\* You generally get all of your Medicare covered health care through that plan. These plans may offer extra benefits and lower copayments than the Original Medicare Plan. However, you may have to use the plan's doctors and hospitals to get services.
- Medicare Prescription Drug Plans.  
These plans add coverage to the Original Medicare Plan (and some Medicare Cost Plans, Medicare Private Fee-for-Service Plans, and Medicare Medical Savings Account Plans). The Original Medicare Plan is a fee-for-service plan. You can go to any doctor or hospital that accepts Medicare.

\* Other Medicare Plans include Medicare Cost Plans, Demonstrations/Pilot Programs, and Programs of All-inclusive Care for the Elderly (PACE).

**8. Are you interested in learning about prescription drug coverage available through:**

- Medicare Advantage or Other Medicare Plans
- Medicare Prescription Drug Plans
- Both
- Don't know

**9. Did you receive a letter from Medicare or the Social Security Administration (SSA) that said you are either eligible for or qualified for extra help paying for your Medicare Prescription Drug Plan costs (premium, deductible, and drug costs)?**

- YES, I received a letter from Medicare
- YES, I received a letter from the Social Security Administration (SSA)

*If you received either of these letters, please find it and keep it with this worksheet. You will need to refer to this letter for information when you are choosing a prescription drug plan.*

- NO, I did not receive a letter
- Don't know

**10. What is your marital status?**

- Married – Living Together
- Married – Not Living Together
- Single
- Divorced
- Widowed
- Separated

**Are your combined savings, investments and real estate (other than your home) worth more than:**

- \$11,710 if you are single, a widow(er) or your spouse does not live with you; or
- \$23,410 if you are married and living together?

Include the things you own by yourself, with your spouse or with someone else. **Do NOT include your home**, vehicles, burial plots, or personal possessions.

- YES
- NO\*
- Not sure

*\* If you answered "No," you may be eligible for extra help in paying for your prescription drug costs. For more information, see the Social Security Administration's website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 1-800-772-1213.*

