

## Let's face it: Medicare plans can be confusing, especially for first-time enrollees.

Dut even if you already have one and simply need to make changes, preparing for the enrollment period may feel like a whirlwind of essential dates, coverage types, and paperwork. The good news is that gathering some key information prior to meeting with an insurance professional can make choosing a plan much smoother.

Use this checklist to collect what you'll need before you start comparing plans. And should you want some assistance, reach out for personalized guidance!



ans will differ from area to sessment of what's availat		ed to supply general in fo will also be required		
Birth date	Phone	number	Socia	l Security number
Email address	Perma	nent address	Emer	gency contact information
ONG-TERM CAR	RE FACILIT	Y INFORMATI	ON	
Your Medicare coverage ma are a current resident of a lo right plan for you:				
NAME OF FACILITY				
ADDRESS				
PHONE NUMBER				
If you intend to move into or	out of a long-ter	rm care facility, be ready	to provide th	e date of your move.
MEDICARE MEM	BERSHIP /	AND POLICY I	NFORM	ATION
If you're already receiving So the Social Security Administ Medicare card, give the SSA card available so you can pro	ation (SSA) three a call at 1-800-77	e months before you tur	n 65. (If you ha	even't received your
Medicare claim number (als		· · · · · · · · · · · · · · · · · · ·		
Medicare Beneficiary Identifier or MBI)		The carrier's full	name	Policy number
Medicare effective date		Member ID numl		Group number



## **4** CONTACT INFO FOR CURRENT HEALTH-CARE PROFESSIONALS

Name and address of your preferred hospital

It's important to know whether the Medicare plan you're considering covers the doctors and other providers you currently have or want to see. You'll save yourself some time if you gather the following information:

NAME OF FACILITY			
ADDRESS			
ADDRESS			
Names and addresses for all doctors and	specialists you receive ca	are from	
A PRESCRIPTION PRUS IN	I CODA ATION		
PRESCRIPTION DRUG IN	FORMATION		
Part D and Medicare Advantage plans are differ in the list of drugs they cover (called information ready can help you choose th	d a formulary), costs, and	pharmacy networks. Having the following	
The name, address, and phone number of	your pharmacy		
NAME			
ADDRESS			
PHONE NUMBER			
All value alternate processintian deligation			
All your current prescription drugs and do	isages		
	<u> </u>		
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Any ongoing treatments you're receiving (e.g., chemotherapy, dialysis) that you'll need covered

## **6** PERSONAL HEALTH INFORMATION

Your current health conditions

If you're switching coverage, you'll want to take stock of your current health to help determine the type of plan that may serve you best. For example, if you have diabetes, you might opt for a Special Needs Plan specifically tailored to people with that condition. Make note of:

PAYMENT INFORMATION	
payment coupons, electronic funds transfers (EF	to pay your plan's premium. Some common options are T) from a bank account, and automatic withdrawals from your remium for Plans A and B are automatically deducted, but you ther plans.) If you choose EFTs, be sure to have:
The account holder's name	Bank routing number
Bank account number	Account type
	CHECKING SAVINGS

Even with the help of this checklist, enrolling in or changing your Medicare coverage can be overwhelming. Reach out today, and let's help you get the right plan to fit your eligibility, needs, and budget.