



Medicare Part D Prescription Drug Plan Finder Tool

1-800-443-9354 • www.ncshiip.com

The Seniors' Health Insurance Information Program (SHIIP), a division of the North Carolina Department of Insurance, is able to 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 necessary information that SHIIP staff and volunteers need to be able to prepare a report for your consideration.

Once completed, please take the completed form to a counseling clinic in your local county or mail to 11 South Boylan Ave., Raleigh, NC 27603.

Please provide us with contact information about yourself:

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:** _____

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	SEX MALE
IS ENTITLED TO HOSPITAL INSURANCE (PART A)	EFFECTIVE DATE 1/1/95
MEDICAL INSURANCE (PART B)	1/1/95
SIGN HERE 	<i>John D. Doe</i>

Do you reside in North Carolina year round? Yes No

Do you currently have insurance coverage for prescriptions? Yes No

If yes, please name your prescription drug plan and check any that apply.

Name of current prescription drug plan _____

- NC State Employee Health Plan
- Medicare Advantage Plan
- Federal Employees Health Benefit Plan
- TRICARE for Life
- Veterans' Administration
- Medigap/Medicare Supplement
- Other _____

(retirement, private, but not Medicare Advantage)

