REQUEST FOR MEDICARE PART D DRUG PLAN COMPARISON

By completing this form, the requester will receive by mail, fax, or email, a Part D general comparison listing the three lowest annual cost plans as published on www.medicare.gov. The State Health Insurance Assistance Program (SHIP) is a program of the State's Department of Insurance and will provide this information at no cost and does not endorse any of the plans. This form should be mailed to the Indiana Department of Insurance, State Health Insurance Assistance Program (SHIP), Attention: Ramona Ward, 714 W. 53rd St., Anderson, IN, 46013, or faxed to 765-608-2322. Please provide the following information:

Zip Code: ____________________

Do you get Extra Help Paying for Your Drug Cost? Not sure – see the bottom of the back page. Yes (Full □ Partial □) No □

Do you want your health and drug coverage together in one plan? Yes □ No □

Will you use lower cost generics? Yes □ No □

Can you afford to pay a deductible? Yes □ How much? ________ No □

Is there a limit on the monthly premium? Yes □ How much? ________ No □

Please list your drugs and dosages as they appear on your prescription bottle or package on the chart on back of this form. Make sure that you spell the name of the drug correctly. Do not include over-the-counter medications such as pain relievers and vitamins.

This form should be returned to:

Name: ____

Address: ____

City, State, and Zip Code ____

Or send it to me by email: ____

Or fax it to me: ____

Prepared by _____________________________________on _________________

If you have questions regarding this form, call SHIP at 1-800-452-4800, Ext. 3.

LIST OF DRUGS

DRUG NAME – this must be spelled correctly	DOSAGE	QUANTITY PER DAY	REFILL FREQUENCY (1 or 3 months)

ship state health insurance assistance programs
NATIONAL NETWORK

LOCAL HELP FOR PEOPLE WITH MEDICARE

You may qualify for extra help paying for your Part D prescription costs if your resources are limited to $12,510 for an individual or $25,010 for a married couple living together. Your annual income must also be limited to $16,245 for an individual or $21,855 for a married couple living together. Even if your annual income is higher, you still may be able to get some help. For more information, contact your local Area Agency on Aging at 1-800-986-3505 or call SHIP at
1-800-452-4800, Ext. 3.