



Please tell me about your current insurance coverage



Household Member #1:

Household Member #2:

(Name)

(Name)

1. What is your current coverage?

(circle one)

Medicare Advantage Plan

OR

Supplement & Prescription Drug Plan

2. What company is your coverage with?

Advantage Plan is with:

OR

Medicare Supplement is with:

Prescription Drug Plan is with:

3. What is your monthly premium for your coverage?

Advantage Plan costs:

OR

Medicare Supplement costs:

Prescription Drug Plan costs:

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Medicare Supplement costs:

Prescription Drug Plan costs:

Thank you for this information