



United Way  
Area Agency  
on Aging  
of Jefferson County

# Medicare Plan Comparison Form

Office Use Only  
Appointment Set:

Download form to desktop.  
Complete all applicable information.  
Save, close and email file to: [SHIP@uwaaa.org](mailto:SHIP@uwaaa.org)

or

Print and mail to: UWAAA-SHIP, P.O. Box 320189, Birmingham, AL 35232-0189

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (      ) \_\_\_\_\_ County: \_\_\_\_\_ Year-Round Resident?  Yes  No

Email Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_ Primary Language? \_\_\_\_\_

I am interested in reviewing my: Part D Drug Plan?  Advantage Plan?  Supplemental Plan?

I need help with:  Open Enrollment  Initial Enrollment  Special Enrollment  Other

Medicare Card Information	Current Additional Insurance
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Name: _____	<i>What plans do you have in addition to your Medicare?</i>
Number: _____	
Part A effective Date: _____	
Part B effective Date: _____	
I need a new Medicare Card? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Income/Subsidy Information	Other Information
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<p>Is your monthly income below \$1,661 for Single or \$2,239 for Married couple? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do your Resources/Assets fall below \$16,600 Single or \$33,240 Married? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you currently receiving? <input type="checkbox"/> Extra Help</p> <p><input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare Savings Plan</p> <p>Preferred Pharmacies? _____</p>	<p>My doctors are associated with the following hospital systems:</p> <p><b>Ascension St. Vincent's</b></p> <p><b>Baptist Princeton</b></p> <p><b>Brookwood Baptist</b></p> <p><b>Grandview Medical</b></p> <p><b>Medical Center West</b></p> <p><b>UAB</b></p> <p>Other _____</p>
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## List Current Prescription Medications

You may have a printed list from your pharmacist or an additional sheet attached.

**Please do not include Over the Counter (OTC) Medication.**

Name of Drug and Strength	Quantity	Frequency
<i>Example: Lipitor 10 mg.</i>	<i>Example: 30</i>	<i>Example: 1 month</i>

**Do you have any specific questions or concerns about your coverage?**


**Appointment Preferences (Just for Open Enrollment Period):**

No appointment needed. Please send Plan Comparison Results. I will call if I have questions.
Please call me with Plan Results.
I have an appointment.
In- Person Appointments will be held at UWCA Community Chest Building, 3600 8th Ave South, Birmingham, AL. 35222
<i>Appointments are one hour per client. Same-day in-person appointments are not available.</i>
<i>Please call 205-458-3330 for appointment information, changes or cancellations.</i>

**FOR OFFICE USE ONLY**

**Notes from Appointment:**