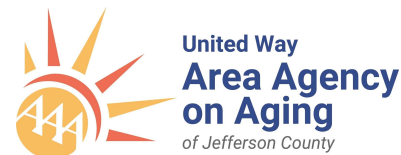


# Medicare Plan Comparison Form



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

Name: \_\_\_\_\_

Number: \_\_\_\_\_

Part A effective Date: \_\_\_\_\_

Part B effective Date: \_\_\_\_\_

I need a new Medicare Card?  Yes  No

*What plans do you have in addition to your Medicare?*  
*(Examples include Supplemental plans like C Plus, Part D Plans and Medicare Advantage Plans like VIVA or AARP United Healthcare)*

## Income/Subsidy Information

## Other Information

Is your monthly income below \$1,561 for Single or \$2,114 for Married couple?  Yes  No

Do your Resources/Assets fall below \$12,890 Single or \$25,720 Married?  Yes  No

Are you currently receiving?  Extra Help

Medicaid  Medicare Savings Plan

Preferred Pharmacies? \_\_\_\_\_

My doctors are associated with the following hospital systems:

- Ascension St. Vincent's
- Baptist Princeton
- Brookwood Baptist
- Grandview Medical
- Medical Center West
- UAB
- Other

