PLAN RECAP

Servicing Agent:_____ Phone/Office Appt: _____

Client Name:_____ Client DOB: _____

MEDICARE SUPPLEMENT

Company:_____ Plan Type:_____

Plan Name:_____ Effective Date: _____

Projected Premium $ _____ Premium (EFT) pymt: ☐ Mo ☐ Qtly ☐ Ann

PART D Rx DRUG OR PART C MEDICARE ADVANTAGE

Company:_____ Plan Name: _____

Effective Date: Deductible $_____ Star Rating: _____

Monthly Premium $ _____ via: ☐ Ckg ☐ Svgs ☐ Soc Sec ☐ Mo Bill

My Pharmacy:_____ is ☐ Preferred ☐ Standard ☐ Out-of-Network

Provider Name:_____ Specialist Referral Required: ☐ Yes ☐ No

ACA – MARKETPLACE COVERAGE

Company:_____ Plan Type:_____

Plan Name:_____ Effective Date: _____

Projected Premium $ _____ Premium (EFT) pymt: ☐ Mo ☐ Qtly ☐ Ann

☐ Direct Bill

NURSING HOME COVERAGE

Company: _____ Product Name: _____

Monthly Premium $_____ via: ☐ Ckg ☐ Svgs ☐ Soc Sec ☐ Mo Bill

Benefit Amount $_____ I decline this coverage _____

Plan Recap (cont)

HOME HEALTHCARE COVERAGE

Company: _____ Product Name: _____

Monthly Premium $_____ via: ☐ Ckg ☐ Svgs ☐ Soc Sec ☐ Mo Bill

Benefit Amount $_____ I decline this coverage _____

CANCER COVERAGE

Company: _____ Product Name: _____

Monthly Premium $_____ via: ☐ Ckg ☐ Svgs ☐ Soc Sec ☐ Mo Bill

Benefit Amount $_____ I decline this coverage _____

DENTAL, VISION, & HEARING

Company: _____ Product Name: _____

Monthly Premium $_____ via: ☐ Ckg ☐ Svgs ☐ Soc Sec ☐ Mo Bill

Benefit Amount $_____ I decline this coverage _____

HOSPITAL STAY INSURANCE

Company: _____ Product Name: _____

Monthly Premium $_____ via: ☐ Ckg ☐ Svgs ☐ Soc Sec ☐ Mo Bill

Benefit Amount $_____ I decline this coverage _____

ACKNOWLEDGEMENT

I know if I have a plan with a service area and I move out of the area; I will need to contact my agent. I have received my plan's Summary of Benefits. I know I must remain enrolled in Medicare Part A and Part B to keep this plan, and I will continue to pay my Part B premium. If I owe a Part B or Part D Late Enrollment Penalty or Income Adjusted Premium, I will need to add it to my premium each month. I acknowledge that the above is true and accurate. If I have any issues or questions, I agree to call my agent at the previously listed number.

Client Signature: _____ Date: _____

Agent Signature: _____ Date: _____