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## Medicare Part D: Prescription Drug Plan (PDP) NCAAA CHOICES Program Screening Form

**This form is ONLY a “screening form” and NOT an actual application for a Medicare Part D plan. Enrolling in a stand-alone Medicare Part D plan is ultimately the responsibility of the individual and/or their legal representative.**

**ANNUAL ENROLLMENT PERIOD IS OCT 15-DEC 7**

**Enrolling in a Medicare Part D Plan can be done by:**

- 1) **Calling 1-800-MEDICARE (800-633-4227) [TTY 877-486-2048] or [www.medicare.gov](http://www.medicare.gov) ;**
- 2) **Enrolling through the process provided by the Part D Plan (i.e. paper application, telephone, or on-line);**
- 3) **Seeking guidance & assistance through the CHOICES Program and their Certified CHOICES Volunteer Counselors.**

**Print Name of Person** \_\_\_\_\_

**Print Mailing Address** \_\_\_\_\_

**City**

**Zip Code**

**Phone**

**Print Your E-Mail:** \_\_\_\_\_ **Please send results to my email address**

**PLEASE check ALL that apply – what type of health/medical benefits do you currently have?**

<input type="checkbox"/> Medicaid (Title 19)	<input type="checkbox"/> Medicare Supplemental Plan
<input type="checkbox"/> Veteran’s Administration (VA)	<input type="checkbox"/> Medicare Advantage Plan
<input type="checkbox"/> Group – Employer or retiree health plan	Plan Name: _____
<input type="checkbox"/> TRICARE for Life (Military)	<input type="checkbox"/> Other Insurance Type? _____
<input type="checkbox"/> QMB/SLMB/ALMB Medicare Savings Programs	<input type="checkbox"/> Extra Help/LIS Subsidy Level <input type="checkbox"/> Full <input type="checkbox"/> Partial

**PLEASE check the income category if it applies to you:**

- Single person monthly income **under \$2,617.44** (Medicare Savings Program limit)
- Married couple income **under 3,535.02** (Medicare Savings Program limit)

**PLEASE complete side two of this form, thank you!**

**Married couples – please complete two separate forms**

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