Oklahoma Insurance Department

Assistance to Find a Medicare Prescription Drug Plan

All information remains CONFIDENTIAL

(1) Please fill out this form
(2) Place into the envelope provided & fasten the envelope
(3) Place in the tray (or return by mail)
(4) Senior Health Insurance Counselors will use your information to *suggest* the *top three (3)* Medicare Prescription Drug Plan *recommendations* for you to *consider* when selecting a plan that *you* determine meets your needs.
(5) The prescription drug plan information will be sent to you for your personal use.

Please Print Clearly

Name: _____

Address: _____

_____
City State ZIP Code County

Telephone Number: (___)_____

Medicare Number: __ __ __ - __ __ - __ __ __ __ __ __ __

Date of birth: __ __ - __ __ - __ __ __ __

Do you have the Extra Help benefit from Social Security?
Yes___ No ___

Do you have any other prescription drug benefit or coverage?
Yes ___ No ___ If so, what? _____

Please continue on the next page

What is the effective date (when you first enrolled) for your

Medicare Part A __ __ - __ __ - __ __ __ __

AND

Medicare Part B __ __ - __ __ - __ __ __ __

What drugs do you currently take? Please list each drug, the dosage, and how often you take it.

Drug Name	Dosage	30-day Quantity
Example: Zocor	*20 MG 1 x day*	*30*

Please continue to the next page

Is there a pharmacy, or pharmacies, you prefer to use?
Yes ___ No ___

If yes, _____
Name of Pharmacies City, State

Send to:

Oklahoma Insurance Department
SHIP Division
PO Box 53408
Oklahoma City, OK 73152-3408

QUESTIONS ??? Call 1-888-967-9100 OR 1-800-763-2828

Please <u>read, sign and return</u> the Liability Issues/Client Agreement form on the next page.

The Oklahoma Insurance Department
Senior Health Insurance Counseling Program's

LIABILITY ISSUES / CLIENT AGREEMENT

I understand that:

- The Senior Health Insurance Counseling Program (SHIP) is a state sponsored, non-profit program for Medicare beneficiaries and persons about to be eligible for Medicare.
- Counseling services are intended to help me understand health insurance options in an objective manner that supports my independent decisions.
- Counseling services are provided by Certified Counselors, acting in good faith, to provide information about health insurance policies to me, the Client.

I understand that:

- This information shall not be construed to be legal advice.
- Certified Counselors are neither affiliated with the insurance industry, nor are they financial planners.
- Certified Counselors do not sell, recommend, or endorse any specific insurance product, agent, insurance company or Health Maintenance Organization (HMO).
- Counseling is confidential and free of charge.
- The Counselor assumes *no* responsibility for decisions made or actions taken by me as a result of counseling.
- Therefore, I hold harmless the Senior Health Insurance Counseling Program (SHIP), its parent agency, the Sponsoring Organization, and the Counselor, for any liability arising out of this service provided in accordance with the Program guidelines.

_____	_____
Client's Signature	Counselor's Signature
_____	_____
Date	Date