

This questionnaire provides the information SHIP staff and volunteers need to prepare a comparison report. Once received, we will send you a personalized report on the most affordable plans in your area. TN SHIP does not endorse any Medicare Advantage or Part D Prescription Drug Plan. The costs provided are estimates from the date the comparison was ran.  
**Please Mail completed form to: SHIP, Andrew Jackson Building, 9<sup>th</sup> Floor, 502 Deaderick St., Nashville, TN 37243.**  
**For questions call 877-801-0044.**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(As it appears on your Medicare Card)*

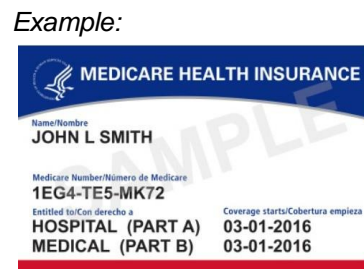
**Address:** \_\_\_\_\_  
*(Please provide the address and zip code you have on file with SSA)*

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

**Phone:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Gender:**  Male  Female  Other

<b>Medicare Number:</b>																				
<b>Part A Start Date:</b>	/ /																			
<b>Part B Start Date:</b>	/ /																			



**Would like a personalized search and already have a Medicare.gov account? (Please provide account information)** **User Name:** \_\_\_\_\_ **Password:** \_\_\_\_\_

**Do you currently have any of the following insurances or assistance programs? (Check any that apply):**

- Part D Prescription Drug Plans (list below)
- Medicare Advantage Plans (list below)
- Federal Employer Insurance
- Medigap/Supplement Insurance
- TRICARE or Veteran's Administration
- Medicaid/TennCare
- QMB, SLMB, QI-1 (Medicare Savings Program *These pay your Medicare Premium*)
- Low-Income Subsidy Program, "Extra Help" *Helps Lower Prescription Cost*

**Please list your Part D Drug Plan or Medicare Advantage Plan information: (Plan ID usually begins with S or H)**  
**Plan Name:** \_\_\_\_\_ **Plan ID Number:** \_\_\_\_\_

**Send me comparisons for:**

- Part D Prescription Drug
- Plans Medicare Advantage

**How would you like us to send your comparison?**

- Postal Mail
- E-Mail
- Phone Call

**\*If you wish to receive an Advantage Plan comparison, please complete the enclosed Advantage Plan Worksheet.**

