

Medicare Plan Finder worksheet

A free, unbiased service of Calrima Financial and Insurance Agency, the Statewide Health Insurance Benefits Advisors provides consumers with information about their Medicare Plan and Part D prescription drug options.

The following worksheet provides us with the necessary information we need to create a report for you. Once you complete the worksheet, please email it to Calrima's Medicare Advisor at mary.lee@calrima.com. You may also fax it to (888) 602-3935 or mail it to:

Calrima Financial & Insurance Agency
1875 Winchester Blvd, Ste 101
Campbell, CA 95008
Phone 408-459-8383

Name: _____ Date of Birth: _____
(Please provide your name as it appears on your Medicare card.)

Address: _____
(Please provide the address and zip code you have on file with Medicare.)

City: _____ State: _____ Zip: _____

Phone: _____ County: _____ Email: _____

Do you live in California Year Round?

Yes No

What is YOUR Medicare claim number?

What is YOUR effective date for Part A?

What is YOUR effective date for Part B?

MEDICARE		HEALTH INSURANCE	
1-800-MEDICARE (1-800-633-4227)			
NAME OF BENEFICIARY JANE DOE			
MEDICARE CLAIM NUMBER	SEX		
000-00-0000-A	FEMALE		
IS ENTITLED TO	EFFECTIVE DATE		
HOSPITAL	(PART A)	07-01-1986	
MEDICAL	(PART B)	07-01-1986	
SIGN HERE	_____		

Do you currently have insurance coverage for prescriptions? Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Federal | <input type="checkbox"/> State of CA employee health plan |
| <input type="checkbox"/> Employer's health plan | <input type="checkbox"/> Retiree coverage |
| <input type="checkbox"/> Dept. of Veterans Affairs | <input type="checkbox"/> Other (please name): _____ |
| <input type="checkbox"/> TRICARE for Life | |

