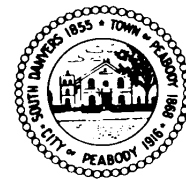




PETER A. TORIGIAN SENIOR CENTER

Peabody Council on Aging
75R Central Street, Peabody, MA 01960
Phone: (978) 531-2254/Fax: (978) 531-7176
www.peabodycoa.org



Mail or fax back attention SHINE

The Annual Medicare Part D Open Enrollment is **October 15-December 7**
Every year plans change. We can help you determine the best plan option available for you.

(Please fill out this information according to how it appears on your Medicare health Insurance Card)

First Name _____ Middle _____ Last _____ Suffix _____

Address _____ City _____ State _____ Zip _____

Day-time Phone Number _____ Alternate Phone Number _____

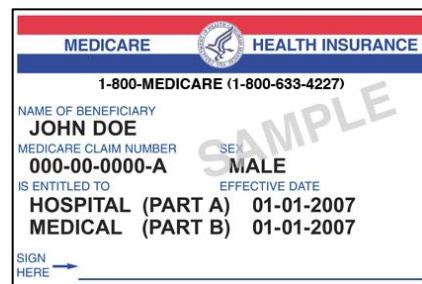
Date of Birth _____ Medicare Claim Number _____

Effective Date Part A _____ Effective Date Part B _____

What prescription drug plan do you currently have? _____

Are you satisfied with your current plan? Yes _____ No _____

What is the name of your pharmacy? _____



Please answer the following to determine if you are eligible for assistance

Do you have MassHealth? _____ Do you have Prescription Advantage? _____

How many people in your household? _____ What is your monthly household income? _____

Amount of assets (savings accounts, stocks, etc)? _____

List of medications (if you have more medications or questions, please use the back of this form)

Name	Dosage	Frequency

