

## Checklist for changing your current health plan

USE THIS CHECKLIST IF YOU ALREADY ENROLLED IN MEDICARE PLEASE FILL OUT:

When did you first enroll in medicare: (month and year) \_\_\_\_\_

Provide your Medicare ID#: \_\_\_\_\_ provide your Medicaid ID# \_\_\_\_\_

Are you under :

ORIGINAL MEDICARE, & enrolled in      PART A      PART B      PART D      MEDIGAP  
MEDICARE ADVANTAGE PLAN PART C

ENTER YOUR CURRENT PLAN: \_\_\_\_\_

☐ you can shop for new plans during your Open Enrollment which is October 15<sup>th</sup> thru December 7<sup>th</sup>  
(OEP/Annual Election Period (AEP))

☐ Create your online accounts      this is not required but it helps speed up process  
Medicare.gov online account log in:      Password:  
Social security online account, log in:      Password:

☐ Factor in your costs & see if you qualify for any savings programs

Premiums under original medicare:

Medicare part A **usually no cost if you paid enough medicare** \$ \_\_\_\_\_

Medicare part B usually **\$174.70 month for income under \$103,000** \$ \_\_\_\_\_

Medicare part D usually \$55.50 month \$ \_\_\_\_\_

Medigap usually \$150 month \$ \_\_\_\_\_

Co-payments & deductibles

**Part A:** \$1,632 for [each hospital stay](#) in 2024. \$ \_\_\_\_\_

**Part B:** \$240 for 2024. \$ \_\_\_\_\_

**Part D prescription drug plan:** Amount [varies by plan](#) but cannot exceed \$545 for 2024. \$ \_\_\_\_\_

REMEMBER UNDER ORIGINAL MEDICARE YOU WILL ALSO BE PAYING FOR YOUR OWN out of pocket or you will need to buy a separate policy for:

VISION CARE- \$ \_\_\_\_\_ HEARING CARE\$ \_\_\_\_\_ DENTAL CARE\$ \_\_\_\_\_

### **Premiums under Medicare Advantage plans C**

Medicare part A \_\_\_\_\_ Medicare part B \_\_\_\_\_

Co-payments & deductibles \_\_\_\_\_

☐ Apply for a Savings programs IF APPLICABLE to help pay for your premiums and or deductibles

[CLICK HERE TO SEE IF YOU QUALIFY FOR BENEFITS AND SUPPORT SERVICES](#)

[CLICK HERE TO ACCESS MEDICARE SAVINGS PROGRAM FORMS](#)

☐ **Let's pick a plan**

**Do you want a Medicare Advantage plan?** We'll walk you through [a sample search](#) using Medicare's Plan Finder tool.

**Do you need Part D prescription drug coverage?** We'll show you [how to use](#) Medicare's Plan Finder tool to search for a plan.

**Do you want a Medigap policy?** You can [view a sample search](#) using Medicare's Medigap Plan Finder tool.



PRIMARY APPLICANT:

Cell phone number

Age:

Who referred you?

E-MAIL ADDRESS

Do you have valid social ? YES or NO enter SSN: \_\_\_\_\_ (you can upload)

ARE YOU A U.S.A CITIZEN OR LEGAL RESIDENT? YES or NO

Are you still working? NO, I don't work Yes I continue to work

DO YOU FILE YOUR TAXES WITH US? YES-we have your income info and you can skip this section

NO - if you don't file taxes with us, who do you file with?

LIST YOUR WORKPLACE GROSS INCOME YEARLY OR MONTHLY

For proof of income can you provide any of the following: TAX RETURN PAYSTUBS W-2

Are you a homeowner YES or NO or RENT



WHAT IS YOUR PRIMARY MEDICAL CONCERN:

ARE YOU CONSIDERED DISABLED? YES or NO what's your disability? \_\_\_\_\_

WHAT MEDICATIONS ARE YOU CURRENTLY TAKING:

DO YOU HAVE MEDICARE ID CARD ENTER:# \_\_\_\_\_ DO YOU HAVE MEDICAID  
enter# \_\_\_\_\_

WHEN DID YOU START RECEIVING YOUR MEDICARE ENTER DATE: \_\_\_\_\_

DO YOU SMOKE? NO YES ARE YOU PREGNANT? NO YES N/A

ARE YOU CURRENTLY ENROLLED IN HEALTH INSURANCE NO YES, THRU WHO: \_\_\_\_\_

WHO IS YOUR PRIMARY CARE DOCTOR: Don't have a primary doctor

WHAT'S YOUR MONTHLY PREMIUM? \_\_\_\_\_

DO YOU HAVE DISABILITY INSURANCE YES OR NO HOW MUCH DO YOU PAY MONTHLY:

DO YOU HAVE LIFE INSURANCE YES OR NO HOW MUCH DO YOU PAY MONTHLY:



SPOUSE NAME:

Age:

Cell

E-MAIL

Do you have valid social ?

YES or NO enter SSN: \_\_\_\_\_

RACE:

ETHNICITY

prefer not to answer



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DO YOU SMOKE? NO YES ARE YOU PREGNANT? NO YES N/A  
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 WHO IS YOUR PRIMARY CARE DOCTOR: Don't have a primary doctor  
 WHAT'S YOUR MONTHLY PREMIUM? \_\_\_\_\_  
 DO YOU HAVE DISABILITY INSURANCE YES OR NO HOW MUCH DO YOU PAY MONTHLY:  
 DO YOU HAVE LIFE INSURANCE YES OR NO HOW MUCH DO YOU PAY MONTHLY

**Rest assured, help is available to navigate Medicare.** We've tried to demystify some of Medicare's complex systems, but talking with a person who can help you through the process is nice. Call or text us at 832-215-4140 or email us at [lucyguzman99@yahoo.com](mailto:lucyguzman99@yahoo.com).

- **Meet with us** to discuss health insurance options if you're still working. ([CLICK HERE TO BOOK AN APPOINTMENT](#))

Frequently asked questions:

[If I'm still working at 65, when do I sign up for Medicare?](#)  
[I turn 65 in a few months. When should I sign up for Medicare?](#)  
[The Big Choice: Original Medicare vs. Medicare Advantage](#)  
[What is original Medicare?](#)  
[Do I need Medicare Part D drug coverage if I don't take any prescriptions?](#)  
[Do I have to sign up for Medicare if I'm covered through my spouse's employer?](#)  
[What is Medicare Part A?](#)  
[What is Medicare Part B?](#)  
[What to Know About Medicare Part D Drug Coverage](#)  
[10 Things to Know About Medigap Plans](#)  
[How much is the late enrollment penalty for Medicare Part B?](#)  
[Does Medicare cover all my health care costs?](#)  
[How to Choose a Medicare Plan During Open Enrollment](#)

Other reading materials:

[click here to read a Great article from the New York times \*\*\*Medicare or Medicare Advantage? A Guide for 2025\*\*\*](#)  
[Original Medicare vs. Medicare Advantage 2024 – Forbes Health](#)  
[Click here to read article from Investopedia about some of \*\*the Best Medicare Advantage Plans for 2025\*\*](#)  
[Click here to read article from Healthline \*\*7 Best Medicare Advantage Plans of 2025\*\*](#)  
[Click here to read article from Nerdwallet How to Compare Medicare Advantage Plans](#)  
[Click here for the 5 steps to picking a plan: \*\*How to pick the right Medicare plan\*\*](#)  
[Best Medicare Supplement \(Medigap\) Plans 2025](#)