## GOLDEN TRIANGLE PLANNING AND DEVELOPMENT DISTRICT, INC.

Mailing address: Sharon Duke, P.O. Box 828, Starkville, MS 39760

Part D Medicare Open Enrollment for Prescription Drug Coverage

October 15 – December 7, 2021

GTPDD Telephone (662) 324-7860

## **ALL APPOINTMENTS WILL BE BY TELEPHONE**

Appointment Date	Appointment Time	
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Thank you for contacting GTPDD for assistance with Medicare Open Enrollment decisions. Complete the requested information on the enclosed sheet and mail it to the above address or leave it at the Solid Waste drive-thru window at our office, 106 Miley Drive, and you will receive a phone call at the assigned time. Remember all beneficiaries must have a MyMedicare account. If you do not have an account, we will set one up for you, and you will receive a letter from CMS stating the account has been set up. **Do not cancel this account! If you cancel this account, we will NOT be able to assist you.** 

We must have the following information at least two weeks before your appointment time:

- Name as it appears on your Medicare Card
- Address current mailing address including zip code
- Working phone number
- Date of birth
- Medicare Number including the effective date of Part A or a copy of your NEW Medicare Card
- **NEW LIST OF CURRENT MEDICATIONS** Attached is a form for your use. Please complete the form and return it to the above address.
- Please DO NOT send a list printed from your pharmacy or doctor's office. These lists are
  for all medications taken during the entire year, as well as over-the-counter medications
  that are not covered by Medicare Part D. Please send only a list that contains CURRENT
  medications you want to be considered when looking for a 2022 drug plan.

KEEP THIS SHEET FOR YOUR RECORDS AS A REMINDER OF YOUR APPOINTMENT TIME AND DATE!!!

Be sure to answer your phone at your appointment time!!

## THIS FORM MUST BE COMPLETED AND RETURNED AS SOON AS POSSIBLE!!

Name	DOB		
Address		Phone:	
City	State	Zip Code	
YOUR PHARMACY CHOICE			
Your drug comparison cannot be compl	eted within a pharm	nacy choice!!!!!	
Medicare Number		Part A Effective Date	
Complete Social Security Number		Part B Effective Date	
Appointment Date and Time		All appointments are by PHONE!!!	
Please list only prescription drugs that you when choosing a 2022 drug plan. <b>Do not</b>			
Example: Medication Name	Mg	Quantity of pills per month	
Metformin Lantus Solostar	10mg. 3ml pen	60 5 pens	
If you have a MyMedicare account, plea	ase provide the follo	wing information:	
User Name			
Password			