THIS FORM MUST BE COMPLETED AND RETURNED ASAP- APPOINTMENT ASSIGNED WHEN RECEIVED

2027 Medicare Part D ASSISTANCE EVALUATION FORM

Name _____ DOB _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

Medicare Number _____ Part A Effective date _____

Complete Social Security Number _____

List only prescription drugs that you are currently taking or drugs you want to be considered when looking for a 2027 drug plan**. Do not list over-the-counter medications – DO NOT SEND PRINTED MEDICATION LISTS FROM THE PHARMACY OR DOCTOR– LIST ONLY MEDS YOU WANT CONSIDERED ON YOUR COMPARISON!!!**

Example:

Medication Name	Mg.	Qty of Pills per month
Lisinopril	5mg.	30

Medication Name	**Mg.**	**Qty pills per month**

email address – required by Medicare for account set up _____

Your Pharmacy Choice _____

If you have a myMedicare account please provide the following information:

User Name _____ Password: _____

DO YOU HAVE THE ABILITY TO RECEIVE A TEXT MESSAGE FOR ACCOUNT VERIFICATION? _____

Appointments times will be assigned when we receive your COMPLETED form

GOLDEN TRIANGLE PLANNIG AND DEVELOPMENT DISTRICT
106 Miley Drive/P.O. Box 828 (39760)
Starkville, MS 39759

Open Enrollment for Prescription Drug Coverage
Oct. 15 – Dec. 7
Part D Medicare 2027

Thank you for contacting GTPDD SHIP Program for assistance with your Medicare Part D Open Enrollment coverage evaluation.

Complete the attached form and return it to the office as soon as possible. We do a lot of preparation before open enrollment begins so we need your information **AS SOON AS POSSIBLE**.

In an effort to keep your personal information safe Medicare has made many changes to the website we must use for plan evaluation. One of those changes is a required two-step verification process to set up your Medicare account or to access an account that was previously set up for you. You must give permission by receiving a text message and provide that information to us each time we work with your information.

If you cannot receive a text message, or do not have an email we can work your information without using the account. Please indicate this on your form so we will know how to proceed to best assist you. Appointments are done by phone if possible.

When we have your completed form, we will contact you and walk thru the 2-step verification process to enter your account, and get all information ready for open enrollment. This is when we will make you an appointment for open enrollment.

Appointment time _____

On the day of your appointment, we will call as close to the assigned time as possible but sometimes our schedule varies based on a client's needs. Please be flexible. If we have not called by the end of the day, please call us!

Things to remember:

- If you are new to Medicare and need coverage before Jan. 1, 2027 – CALL THE OFFICE!!!
- Be sure your medication list is correct. **Do not send a printed pharmacy list – they contain more than current medications.** Only include prescription medications NOT over the counter meds, vitamins, supplements, test strips, sensors etc.
- If you have changes or additions we will correct your list at your appointment.
- Please answer your phone. Once we call you and you do not answer we move on to the next person and will have to try you later. ***After two phone calls we mail your comparison information to you and you must contact either the drug plan company or 1-800-Medicare (1-800-633-4227) for enrollment.**