

# LEGACY LINK/GeorgiaCares SHIP Program 1-866-552-4464

## MEDICARE PART D & MAPD ANNUAL OPEN ENROLLMENT HAS CHANGED

**Enrollment Period is OCTOBER 15 — DECEMBER 7, 2011** (*Coverage Begins January 2012*)

Name (as it appears on Medicare Card): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

County of Residence: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone No.(s): \_\_\_\_\_

Married:  Single:  Widowed:  Divorced:

Does your Spouse have Medicare: Yes  No

### Do You Have?

State Health Benefit Plan? Yes  No

Federal Employee Health Benefit Program? Yes  No

Veteran? Yes  No  Tricare? Yes  No

Current Medicare Supplement, Part D or Medicare Advantage Plan (MAPD):

Plan Name(s) \_\_\_\_\_

Medicare Card No. \_\_\_\_\_

Effective Dates of Medicare Parts A & B \_\_\_\_\_

Medicaid Card No. \_\_\_\_\_

Are you receiving any assistance/subsidy? Yes  No

Type of Subsidy: SSI  Medicaid  QMB,SLMB, QI  Part D Extra Help

All Gross Monthly Income (before any deductions): \$ \_\_\_\_\_

All Gross Monthly Income (Spouse) \$ \_\_\_\_\_

All resources including bank accounts, CD's, stocks, bonds, mutual funds, IRA's, real estate, (other than the home in which you live) and any cash \$ \_\_\_\_\_

Race \_\_\_\_\_ Disabled Yes  No

1. Please complete this entire form. Forms with missing information cannot be processed and cannot be accepted.
2. You **MUST ATTACH A WRITTEN LIST OF ALL PRESCRIPTION DRUGS** with the Name, Strength, and Number of Times medication is taken each day.



**Did you know you could save up to \$4,000 a year in prescription drug costs?**

You may be eligible if:

- ⇒ You have Medicare (Part A or Part B)
- ⇒ You have Medicare Part D
- ⇒ You have a Medicare Advantage Plan (MAPD)
- ⇒ You don't have Medicaid or get help from the state

<b>Monthly Income Limits</b>	<b>Total Resources</b>
Single: Limited to \$1,381 per month	Single: Limited to \$12,640
Married: Limited to \$1,821 per month	Married: Limited to \$25,260

To find out more, contact  
**GeorgiaCares** to apply for  
Extra Help

**1-866-552-4464 or email: [gacares@legacylink.org](mailto:gacares@legacylink.org)**

**Fax: 770-5382660**

