



STEINLAGE
INSURANCE AGENCY

Name(s) _____

Address _____

Birth(s) _____

Phone Number _____ (cell) _____

Email Address _____

Financial/Wealth Advisor _____

Broker (circle one): Eric Karl Margo

Current Part D Plan information (This information is found on the ID card)

Company Name (i.e. AARP Rx) _____

Plan Name (Saver Plus, Enhanced, Preferred) _____

Exact Drug Name	Dosage	Number of pills per day	Quantity/month	Form (tab, capsule, liquid, cream)	Mail Order or Retail?
<i>Example – Lisinopril</i>	<i>20mg</i>	<i>1</i>	<i>30</i>	<i>Tab</i>	<i>retail</i>

Preferred Pharmacy Name and Address: _____

Medicare Supplement information:

Company Name (Anthem, AARP): _____

Plan Letter (F,G): _____

Current Rate: _____

Effective Date (This is the date the policy began) _____

Any additional comments: _____

