



Name(s): _____
Address: _____
Birthday(s): _____
Phone Number(s): Home: _____ Cell: _____
Email: _____
Advisor/Referred By: _____
Current Broker: Margo/Eric/Karl: _____

Current Plan Information (found on ID card)

Part D Plan Company Name, i.e. AARP RX: _____
Part D Plan Name, i.e. Saver Plus, Choice, Preferred: _____
Preferred Pharmacy Name and Address: _____

Drug Name	Dosage	#/day	Qty/month	Tab/cap/cream	Mail/Retail
Lisinopril	20 mg	1	30	Tab	Retail order

Medicare Supplement Information (found on ID card)

Supplement Insurer, i.e. Anthem, Transamerica: _____
Plan Letter, i.e. F, G: _____
Current Rate: _____
Effective date, date policy began: _____
Any Additional Comments: _____

