



Name(s): _____
 Address: _____
 Birthdate(s): _____
 Phone number(s): _____
 Email: _____
 Advisor/Referred by: _____
 Current Broker (circle one): Margo/Eric/Karl/Kelsey/N/A

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: _____

Current Prescriptions, do not include OTC meds

Drug name	Dosage (mg, mL)	Modifier (XL,XR,CL, etc)	#/day	Qty/month	Tablet/Capsule /Cream	Mail order/Retail
<i>Ex: Lisinopril</i>	<i>20 mg</i>		<i>1</i>	<i>30</i>	<i>Tablet</i>	<i>retail</i>

Medicare Supplement Information (found on ID card)

Supplement Insurer, i.e. Anthem, Transamerica: _____
 Plan Letter (circle one) A, B, C, D, F, G, K, L, M, N
 Current Rate: \$ _____ Effective date/date policy began: _____

Any Additional Comments:

Please feel free to copy and share with friends and family. We will run a free analysis. Return to info@steinlageinsurance.com or via fax (636) 625-1529. Call us with any questions (636) 561-5060
 Thanks, Steinlage Staff