



**STEINLAGE**  
INSURANCE AGENCY

Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Birthday(s) \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Cell \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Advisor \_\_\_\_\_

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?
Example – Lisinopril	20mg	1	30	Tab	retail

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: \_\_\_\_\_

\_\_\_\_\_  
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