

# *My Medicare Part D Information*

I have enclosed in this envelope:

	Yes	No	Does not apply
• My Part D Comparison*	<input type="checkbox"/>	<input type="checkbox"/>	
• Letter(s) from Social Security or Medicare about “extra help” with drug costs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Notice from my former employer indicating my drug coverage is as good as Medicare’s coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Letter from my Medicare supplement insurance company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• My Part D plan monthly statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Miscellaneous			
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*To get your personalized Part D comparison report:

- Call your local SHIIP Site at

\_\_\_\_\_ or

- Call SHIIP at 1-800-351-4664 or
- Go online to [www.medicare.gov](http://www.medicare.gov)



**October 15 – December 7 you can change your Medicare drug plan for next year**