

Your SHIBA Medicare action plan

Name: _____ Date: _____

Thank you for attending a SHIBA (Statewide Health Insurance Benefits Advisor) appointment. We offer free, confidential and unbiased help to understand and navigate health care coverage and Medicare. Please keep this action plan for your records.

The notes that are marked are for you:

- This is the information needed to retrieve my Plan Finder results:
 - Zip Code: _____
 - Drug List ID #: _____
 - Date: _____

- I need more information about my plan choices before I enroll. I will call and ask about:

- I have chosen to enroll in the following plan: _____

- I will enroll by:
 - Calling 1-800-MEDICARE _____
 - Calling the plan directly at: _____
 - Other: _____

- Date enrollment was completed: _____

- Other action(s) I will take: _____

Notes:

If you enroll by December 7, your new plan will take effect January 1.

After you complete your enrollment, the plan should send you an enrollment confirmation in about two weeks. Call your plan if you have any questions. Write down your plan's customer service phone number here: _____

If you have any other questions, call SHIBA at 1-800-562-6900 or locally at: _____

SHP855-SHIBA-Medicare-action-plan-Rev. 8-16