

Medicare Annual Enrollment 2021

If you request a personalized plan comparison, you must provide either your MyMedicare username and password, or complete this sheet.

In 2019 the Centers for Medicare and Medicaid Service (CMS) government agency created a new version of Planfinder, which is the tool used to help you choose the best Medicare plan.

To get a personalized plan comparison or see details about your current plan, you will need to create a MyMedicare account. If you would like the assistance of the Elder Benefit Specialist, you will need to give consent for this, and your information will be kept confidential.

To Create Your Own MyMedicare Account:

If you would like to create the account yourself, go to [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare) and click “Log in or create account” to make your own account. Save your login information on this sheet for future reference, and to provide to the benefit specialist for a personalized plan comparison.

Pick A Username

- Must be 8-30 characters long, no spaces
- Can include letters, numbers, and special characters including: @ ! . - _ \$
- Must include at least 4 letters
- Cannot contain your Medicare or Social Security number

Create a Password

- 8-16 characters long
- Must contain at least one letter and one number
- Must also contain at least one of the following characters: @ ! \$ % “ * ()
- Cannot contain your username and cannot contain your Medicare or Social Security number

Secret Question: Select and answer one

- What is your favorite vacation spot?
- In what city did you first meet your spouse?
- What country would you most like to visit?
- What is the title of your favorite book?
- What is the name of the first street you lived on?
- What was the name of your first pet?
- What is your best friend’s last name?

MyMedicare Username: _____

Password: _____

_____ **I either don’t know if I have a MyMedicare account or don’t remember my Username/Password and request the EBS assistance in regaining access. (Please complete the back of this form).**

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Name: _____ Birthdate: _____
Last First MI

Address: _____
Street Address City Zip Code

Phone: _____ Email Address: _____

Medicare Number: _____
(This is located on your red/white/blue paper Medicare card)

Effective Dates Part A: _____ Part B: _____

Medication List (you can also provide a printout from your pharmacy)

Pharmacy: _____ Town: _____

_____ I get my prescriptions by Mail-Order

Medication Including dose/ Milligrams (ex:Losartan – 300mg)	How many Per Day? (2)	Refilled: (Every 3 months)

I request the Elder Benefit Specialist's assistance in creating/ gaining access to a **MyMedicare** account online, in order to obtain a personalized plan comparison. I understand the information will be kept confidential and the username and password will be chosen by me and/or a copy will be provided to me.

Client Signature

Date