



Get Information!

Ask the Agent These Questions Before You Sign

Making any change to your Medicare is a very serious matter!
Before you make any change, make sure it is right for YOU.

What is the name of the Medicare Advantage plan? _____

Is this a Private Fee-for-Service Plan? YES NO
See "Get the Facts" for definitions of types of plans.

Does the plan include Prescription Drug (Part D) coverage? YES NO

How did the Medicare Advantage Plan company contact me?

<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Mail	<input type="checkbox"/> Phone	<input type="checkbox"/> Seminar
<input type="checkbox"/> Door-to-Door	<input type="checkbox"/> I contacted them	<input type="checkbox"/> Other _____	

What are the major differences between this plan and my Original Medicare?

How much will my new Premium payment be? \$ _____

What will I have to pay when I see my doctor? \$ _____ Specialist or Therapist \$ _____

What will I have to pay when I go into the hospital? \$ _____

Have I asked all my medical providers (doctors, hospitals, etc.) if they accept the plan? YES NO

Will I have to travel to receive my health care? YES NO

Can I return to Original Medicare at any time? YES NO

Was a detailed written plan description left with me? YES NO

Have I contacted GeorgiaCares at 1-800-669-8387 for help? YES NO

Call GeorgiaCares at 1-800-669-8387 if you have questions or need help.

Complete the other side of this form also.



Get Information!

Have the Agent Complete this Side

Making any change to your Medicare is a very serious matter!
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Keep this form for your records.

Agent/Broker/Company Information

Agent/Broker Name _____

Company Name _____

Company Address _____

Phone Number _____ E-mail _____

Agent's Georgia license number _____

The plan agent is selling is: Medicare Advantage (MA) Plan Prescription Drug Plan only

If the plan is Medicare Advantage, continue:

This plan does does not include Prescription Drug Coverage.

This Medicare Advantage (MA) Plan is:

- HMO (Health Maintenance Organization)
- PPO (Preferred Provider Organization)
- MSA (Medicare Medical Savings Account)
- SNP (Special Needs Plan)
- PFFS (Private Fee-for-Service)

This plan will will not replace Original Medicare.

This plan will will not include additional out-of-pocket expenses.

The premium will be \$ _____ per month.

You will still be required to pay your Part B premium. Yes No

I have told the customer that by enrolling in the Plan (please initial):

- _____ The plan will provide the primary health coverage instead of Original Medicare.
- _____ Original Medicare will no longer pay for the health care once enrolled in the plan.
- _____ You will be given a new Plan card, and it will replace your Original Medicare card.
- _____ Once enrolled, you may be "locked" in the plan for the remainder of the year.
- _____ The plan is not a Medicare supplement plan, and does not replace Medicare supplement insurance.

Agent/Broker Signature _____ Date _____

Call GeorgiaCares at 1-800-669-8387 if you have questions or need help.

Complete the other side of this form also.