

SmartConnect Pre-Enrollment Checklist

Starting Medicare can be overwhelming. But taking a few simple steps will set you up for a stress-free experience. This form will help you gather the information you'll need to enroll in a Medicare plan.

Documents

- | | | |
|--|-------------------------|----------------------|
| <input type="checkbox"/> Medicare Card | Checking Account Number | <input type="text"/> |
| <input type="checkbox"/> Previous Year's Insurance | Routing Number | <input type="text"/> |

Personal Information

- | | | | |
|----------------|----------------------|------------------------|----------------------|
| Address Line 1 | <input type="text"/> | | |
| Address Line 2 | <input type="text"/> | City / State / Zip | <input type="text"/> |
| Date of Birth | <input type="text"/> | Social Security Number | <input type="text"/> |
| Phone Number | <input type="text"/> | Email | <input type="text"/> |

Health Care Information

Provider Name	Specialty	Address	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Prescription Medications

Medication Name	Dosage	Refill Quantity	Refill Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are enrolling in plans for dependents, you will need this same information for each dependent.