



2027

MEDICARE DRUG OR ADVANTAGE PLAN COUNSELING TOOL

Get improved help with your Medicare choices by creating a Medicare.gov account:

To provide a personalized plan comparison, you will need to create a **Medicare.gov** account. The goal is to provide a seamless and transparent experience to help you get the information you need to make an informed health care choice.

Already have a MyMedicare.gov account User Name: _____ Password: _____ <i>This will be used to complete your 2027 Drug Plan or Medicare Advantage Plan comparison.</i>	Don't have a Medicare.gov account yet? Create your account at Medicare.gov and click "Log in or create an account". <i>For a personalized plan comparison, you will need a Medicare.gov account.</i>
Authorization: I authorize the SHIP Benefits Assistance Program to use my Medicare.gov account to complete my plan comparison and or help create an account if I do not have one. Signature: _____ Date: _____	

Your name: _____ Date of Birth: _____

Your Address: _____ City: _____ Zip: _____

Phone: _____ Your email address: _____

Gender: M ☐ F ☐ Your SHIP counselor name: _____

Please provide your Medicare number exactly as it is shown on your red, white & blue card that you received from Social Security:

Medicare Number: _____

Start Date for:

Part A: ____/____/____

Part B: ____/____/____

Plan Review for: **Drug Plan** ☐ or **Medicare Advantage Plan** ☐

If selecting a **Medicare Advantage Plan**, include up to 5 PCP's or Specialists.



	Doctor or Specialist (First Name)	Doctor or Specialist (Last Name)
1		
2		
3		
4		
5		

Instructions: Give the complete name of each medication, including any suffixes, such as Hcl, ER, HFA, etc.

Indicate whether drug is a tablet, capsule, ointment, etc.

	Name of Medication <i>Example: Metformin Hcl</i>	Tablet, Capsule, etc.	Strength (10 mg)	Daily Dosage
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Information will be limited to only the **top 3** Drug Plans or Health Plans that meet your specific needs.
Results will be completed and given to you within 10 business days.

Send to or bring to your appointment: Area Agency on Aging, Region One, 1366 E. Thomas Road, Suite 108,
Phoenix AZ 85014

Please indicate how you want to receive the results: **email** ☐ **regular mail** ☐

The SHIP Benefits Assistance Program does not recommend or endorse any drug plan or Medicare Advantage Plan and is not responsible for the service provided by these companies. Your information is confidential and will be securely stored in your SHIP file

Revised: 10/05/2026