

Post-Medicare Enrollment Quick Checks



Medicare Part B Premium: You will receive the standard Medicare Premium Bill. (If you are in a higher income bracket for Medicare Part B and D, you will be receiving a second bill, reflecting the higher Part B and Part D premiums.) If you have questions, about your bill amount, contact your local Social Security Office, (Fort Wayne: 1-877-223-6061, Auburn: 1-866-829-2170, or the National Social Security Office at 1-800-772-1213). If you are receiving a Social Security Retirement Benefit, your premium(s) will automatically be deducted.

If you are not receiving a Social Security Retirement Benefit, you will receive a quarterly bill. You also have the following options to pay:

- 1) Pay online by credit card or debit card - Log in to your secure MyMedicare.gov account (or create an account). You will receive a confirmation number when you make your payment. On your credit/debit card statement the payment will show "CMS Medicare".
- 2) Pay directly from your savings or checking account through your bank's online bill payment services.
- 3) Sign up for Medicare Easy Pay - a free service that automatically deducts your premium payments from your savings or checking account each month. Your deduction will be on the 20th of each month.
- 4) Mail your payment to Medicare: You can pay by check, money order, credit card or debit card. Fill out the payment coupon that comes with your bill. Payments will not be processed without the coupon. Medicare cannot set up automatic monthly credit/debit card deductions.

Completed: Date _____



If you had employer insurance past age 65 and 3 months, you will receive a form from the insurance provider you are enrolling with, requiring you to verify you had a creditable prescription drug plan. In most situations, you will reply "I had creditable prescription drug coverage from an Employer/Union". Call the phone number on the document.

Completed: Date _____ Time _____ Rep. Name _____



If you are enrolling into a Medicare Advantage Plan for the first time, you have a trial period of 12 months. During this 12-month trial period you may enroll into a Medicare Supplement Plan without answering medical questions or be medical underwritten. Contact us if you want to switch to a Medicare Supplement Plan. Your trial period ends _____.



If you originally enrolled in a Medicare Supplement policy and decide to replace it with another form of insurance, call the Customer Service number on the back of your insurance card to cancel. Be sure and provide a cancellation date _____.

Completed: Date _____ Time _____ Rep. Name _____