



Health Insurance Checklist

(Make copies of this form. Fill one out every year.)

Check off insurances that you have.

Types of Insurance	Name of Plan	Who to Contact
<input type="checkbox"/> Employer Insurance	_____	_____
<input type="checkbox"/> Individual Policy	_____	_____
<input type="checkbox"/> Health Savings Account	_____	_____
Medicare Information		
Medicare Choices Helpline 1-800-MEDICARE (633-4227) • www.medicare.gov		
Date called to apply for: _____		
{Note: Call 3 months before, or no later than 3 months, after you turn age 65.}		
Local Social Security		
Administration Number: _____		
Prescription Drug Program: _____		
Medigap or Supplemental Insurance _____		
<input type="checkbox"/> Medicaid Information	_____	www.cms.hhs.gov
<input type="checkbox"/> Disability Insurance	_____	_____
<input type="checkbox"/> Veterans Health Care	1-877-222-8387	www.va.gov
<input type="checkbox"/> Long-Term Care Insurance	_____	1-800-587-3279 http://longtermcareinsurance.org
<input type="checkbox"/> Other	_____	_____