



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 | _____ | _____ |
| <input type="checkbox"/> 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: _____ | | |
| <input type="checkbox"/> 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 | _____ | _____ |
| | _____ | _____ |