

Store # _____

GM Retiree: Y or N

10/15/08 – 12/12/08

Prescription Drug Plan Finder for Medicare Drug Plans

This form should be used to request a Medicare Personal Drug Plan Report during the Annual Enrollment Period. If you submit this form before November 15, you will not receive your report until approximately November 15 due to Medicare guidelines. This form must be returned to your Meijer Pharmacy by December 12, 2008 in order to receive your report in time to apply for a Medicare Personal Drug Plan by December 31, 2008. You may also use this form if you are Turning 65 and/or becoming eligible for Medicare. We can accept completed forms on October 1st for GM retirees that will transition into a Medicare Plan from GM insurance.

Please return this completed form to your Meijer Pharmacy OR Fax to 1-231-865-2100 (do not use a cover page).
You will receive your report in the mail from Senior Solution Services, LLC.

Please list all of your current medications:

Medication Name	Dosage (MG)	Quantity per day	Use generic if available?
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Do you currently have a Medicare Prescription Drug Plan? Yes ___ No ___

If Yes, what is your current plan and premium? _____

BY COMPLETING AND SIGNING THIS FORM, I UNDERSTAND AND AGREE TO THE RELEASE OF THIS INFORMATION TO SENIOR SOLUTION SERVICES, LLC, FOR THE PURPOSES OF PROVIDING ME WITH THE MEDICARE PLAN INFORMATION.

*Signature _____ *Date _____

*Printed Name _____

*Address _____ *County _____

*City _____ *State _____ *Zip Code _____

*Phone _____

*Medicare Part A effective date _____ *Medicare Part B effective date _____

**This information is required*

**PLEASE FEEL FREE TO CALL SENIOR SOLUTIONS SERVICES WITH ANY
QUESTIONS YOU HAVE AT 1-888-238-1535.**