

SmartConnect Pre-Enrollment Checklist

Starting Medicare can be overwhelming. But taking a few simple steps will set you up for a stress-free experience. This form will help you gather the information you'll need to enroll in a Medicare plan.

Documents

<input type="checkbox"/> Medicare Card	Checking Account Number	<input type="text"/>
<input type="checkbox"/> Previous Year's Insurance	Routing Number	<input type="text"/>

Personal Information

Address Line 1	<input type="text"/>		
Address Line 2	<input type="text"/>	City / State / Zip	<input type="text"/>
Date of Birth	<input type="text"/>	Social Security Number	<input type="text"/>
Phone Number	<input type="text"/>	Email Address	<input type="text"/>

Health Care Information

Provider Name	Specialty	Address	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Current Prescription Medications

Medication Name	Dosage	Refill Quantity	Refill Frequency
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are enrolling in plans for dependents, you will need this same information for each dependent.