

Date: \_\_\_\_\_ **2022 AEP Personal Information Sheet (one per person)**

Agent Name: \_\_\_\_\_

Are you a current client? (yes/no) \_\_\_\_\_ If not, how did you hear about us? \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County \_\_\_\_\_, USA Email \_\_\_\_\_ Tobacco Use last 12 months? \_\_\_\_\_

Mark here if you take NO medications  Mark here if you have a myMEDICARE.gov account set up

**IMPORTANT:**  I HAVE or  I have NOT - Reviewed and updated my prescriptions on myMedicare.gov account

Current Pharmacy or Mail Order name (VERY IMPORTANT) \_\_\_\_\_

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**ONLY Fill Out This Section if you have a Medicare Supplement and Part D Prescription Drug Plan**

Medicare Supplement Company Name \_\_\_\_\_ Plan(F, G, etc.) \_\_\_\_\_ (on your Insurance Card)

Plan Name of Current Prescription Drug Coverage \_\_\_\_\_ (on your Insurance Card)

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**ONLY Fill Out This Section if you have a Medicare Advantage Plan**

Medicare Advantage Plan Name (HMO/PPO) \_\_\_\_\_ (on your Insurance Card)

Did your Annual Notice of Change (ANOC) list any changes to your medications for 2022? (yes/no) \_\_\_\_\_

Would you like to change to a different Medicare Advantage insurance company for 2022? (yes/no) \_\_\_\_\_

If yes, complete doctors information below:

Primary Care Dr. Name \_\_\_\_\_ Phone \_\_\_\_\_

Specialist Name/Type \_\_\_\_\_ Phone \_\_\_\_\_

Specialist Name/Type \_\_\_\_\_ Phone \_\_\_\_\_

Eye Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Dentist and Practice Name \_\_\_\_\_ Phone \_\_\_\_\_

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Mark here if you do NOT have access to a computer and internet

Return form to HealthCare Benefit Services

Mail: 6638 W. Ottawa Ave, Suite 120, Littleton, CO 80128

Fax: 720-287-7055, Email: [info@HBSLTC.com](mailto:info@HBSLTC.com) (Email is not a secure form of communication)

Phone: 303-973-6636 or 800-295-5860

Disclaimer: Sharing this information with us is strictly voluntary. The information is used to create a more accurate plan analysis based on your specific needs as presented by Medicare's Official Website.

OFFICE USE ONLY

Date BB email sent: \_\_\_\_\_ Date BB approved: \_\_\_\_\_