

**EOA's Sage PLUS Program 2010  
Medicare Prescription Drug Counseling Assistance Request**

**Client Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City/Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **Relationship to client** \_\_\_\_\_

**Married**     **Single/Widowed/Divorced**     **Male**     **Female**

**Do you have or will have Medicare soon?**  YES     NO    **Effective date** \_\_\_\_\_

**Do you have Medicaid/MedQUEST from the State of Hawaii**     YES     NO

**Do you have SPAP (Smooth Transitions) (blue color card)**  YES     NO

**Name of current Part D Drug Plan**  
\_\_\_\_\_

**Please fill out financial information, this will help us determine if you may qualify for the Extra Help in paying for Medicare Part D premiums, deductibles and co-insurance?**

**Annual Gross Income:**

**Individual - less than \$18,690**     YES     NO

**Couple – less than \$25,140**     YES     NO

(If married and living together, total gross income for both spouses)

**Resources: individual - less than \$12,510**     YES     NO

**Couple – less than \$25,010**     YES     NO

(If married and living together, total resources for both spouses – including savings, stocks and bonds, IRAs)

**Other Health Insurance and Prescription Coverage or Assistance– Check all that applies.**

- |  |   |
|--|---|
| <input type="checkbox"/> VA/TRICARE for Life                                     | <input type="checkbox"/> Prescription Drug Manufacturer |
| <input type="checkbox"/> State of Hawaii or County Retiree                       | <input type="checkbox"/> Medigap plan H, I, or J        |
| <input type="checkbox"/> FEHBP (federal retirees)                                | <input type="checkbox"/> Union/Other Retiree Coverage   |
| <input type="checkbox"/> Employer group health (I or my spouse is still working) |   |

**Where would you like to pick up your prescriptions**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**I would like help during coverage gap with**     **Name Brand**     **Generic**

**Would you use mail order pharmacy for additional savings?**  YES     NO  
(If you qualify for SPAP-Smooth Transitions – it does not work with mail-orders)

**Please Print clearly using your current medication labels**

