

1. Are you 65 years or older? Y or N

1. a. If you answered No to question 1, will you be eligible for Medicare within the next 6 months? Y or N

2. Are you currently employed? Y or N

2.a. If yes, do you have health insurance through your employer? Y or N

3. Are you married? Y or N

a. If yes, is spouse currently employed? Y or N

b. If yes, do they have health insurance through their employer? Y or N

c. If yes, are you covered under spouse plan? Y or N

4. Are you enrolled in any of the following? Y or N, if yes please circle which is applicable:

- Skilled nursing facility
- Hospice
- Home Health
- Medicare Replacement Plan

5. Do you have a decision maker? Y or N

Signature _____ Date: _____