nexben™

Medicare Insurance Questionnaire

Name: _____ Gender: _____ DOB: _____

Spouse: _____ Gender: _____ DOB: _____

Address: _____ County: _____

City: _____ State: _____ Zip: _____

Phone: _____ Best time to call: _____

****AGENT USE ONLY****

Referred by: _____

Have you attended a Medicare seminar? Location? _____

Current Coverage? ☐ Yes ☐ No ☐ Employer ☐ Individual

If individual, do you have a marketplace plan with subsidy? (APTC)? _____

If group, name of Employer: _____

Is the employer plan an ICHRA? ☐ Yes ☐ No

If Y, what is your employer ICHRA contribution? _____

Number of Employees: ☐ Under 20 ☐ 20 or more

Creditable Rx Coverage? ☐ Yes ☐ No (if unsure, contact HR)

Does your spouse have access to their group coverage? ☐ Yes ☐ No

Planning to retire or leave group coverage? ☐ Yes ☐ No Date? _____

Medicare A and/or B? ☐ Yes ☐ No

Effective date: Part A: _____ Part B: _____

Request follow up? _____

Notes: _____

_____

_____

_____

_____

TGG Solutions is now Nexben. This strengthens our dedication to providing excellent customer service and business solutions. Nexben will remain a general agent, providing agents in Michigan with the tools and support needed to best serve your clients.