

## Medicare Eligible Individuals Pre-Screen Questionnaire

**E-mail to Agent: [info@allaboardbenefits.net](mailto:info@allaboardbenefits.net)  
Phone: 1-800-462-2322 • Fax: 214-821-6676**

[Print This Form](#)

As a Medicare eligible client, you have several medical plan options available to you.

Help us determine which plan best fits your needs.

The state and county in which you live will impact what plans are available to you. As soon as we receive your information, we will have you a quote within 24 hours. We would love to speak with you personally, so please feel free to give us a call. Together we will determine which plan will be best for you.

Please answer the questions below:

<b>Your Name:</b> <input style="width: 95%;" type="text"/>	<b>Spouse's Name:</b> <input style="width: 95%;" type="text"/>
mm / dd / yyyy	mm / dd / yyyy
<b>Date of Birth:</b> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>	<b>Date of Birth:</b> <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 40px;" type="text"/>
<b>Your Physical Address:</b>	
<b>Street Address:</b> <input style="width: 98%;" type="text"/>	
<b>City:</b> <input style="width: 80%;" type="text"/>	<b>State:</b> <input style="width: 30%;" type="text"/>
<b>County:</b> <input style="width: 80%;" type="text"/>	<b>Zip:</b> <input style="width: 20%;" type="text"/>
<b>Phone Number:</b> <input style="width: 40%;" type="text"/>	<b>Alternate Number:</b> <input style="width: 40%;" type="text"/>

Are you currently covered on a Medicare supplement plan or Medicare Advantage Plan, but wish to change carriers or plan types? \_\_\_\_\_

Have you enrolled in Medicare Part D? \_\_\_\_\_ Do you need a Rx drug card? \_\_\_\_\_

Are you a resident in a long-term care facility, such as a nursing home or assisted living? \_\_\_\_\_

Are you enrolled in your State Medicaid program? \_\_\_\_\_

### I am also interested in the following benefits or services:

- |  |  |
|--|--|
| <input type="checkbox"/> Annuities / Income Maximization | <input type="checkbox"/> Second to Die Life Insurance (Tax Planning) |
| <input type="checkbox"/> Final Expense Insurance         | <input type="checkbox"/> Long Term Care Insurance                    |
| <input type="checkbox"/> Vision Insurance                | <input type="checkbox"/> International Travel Medical Insurance      |
| <input type="checkbox"/> Senior Dental Plan              | <input type="checkbox"/> Maximize Asset Transfer to Children         |

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