Midwest Insurance Brokerage, Ltd.
Take Control of Your Health Care

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Toll Free: 800-456-3567

Name: _____

Telephone: _____

Zip Code: _____

County: _____

1. What type of coverage do you currently have?
   - ☐ Prescription drug coverage through an employer or union health plan.
   - ☐ Prescription drug coverage through a medigap plan (Medicare Supplement Insurance) with drug coverage.
   - ☐ A Medigap plan (Medicare Supplement Insurance) without drug coverage.
   - ☐ Prescription drug coverage through a Medicare Advantage or other Medicare Health Plan (such as an HMO).
   - ☐ None of the Above

2. Which drugs do you currently take? (Please also list the dosage, how often you take it per month, and your monthly cost.)

Drug Name	**Dosage**	**30-day Quantity**	**Currently Monthly Cost**	**Co-pay with PDP**

Agent/Agency: _____

E-mail or Phone#: _____