

Annual Medicare Renewal Checklist

I have:

Reviewed the medical services that I received last year via electronic Medicare summary notices (eMSMs) or from my Advantage Plan.

Confirmed the amounts that I paid for covered services last year.

Confirmed the premiums paid last year for a Supplement, Part D drug plan, or Medicare Advantage Plan.

Confirmed my IRMAA status (if any) for last year and next, and considered the use of [form SSA 44](#) if appropriate.

Confirmed amounts paid for services that were or could be covered by Medicare Advantage. Determined if I expect these to change materially in the next year.

Reviewed satisfaction with my Medicare experience in terms of providers and facilities, costs and administrative issues, and access to and quality of care.

I understand:

I am content with my current situation

or

I want to consider alternatives.

I expect that if I speak with a Medicare Broker/Agent:

I will never receive an unsolicited phone call.

All phone calls will be recorded for my protection.

I will agree in writing to discuss plans through a Scope of Appointment form.

Diverse alternatives relevant to me may be provided, but with the understanding that my agent/broker will not have all alternatives available to me.

I can permanently break off discussions at any time.

My broker/agent is a trusted partner and will provide ongoing service.

We do not offer every plan available in your area.

Any information we provide is limited to those plans we do offer in your area.

Please contact Medicare.gov or 1-800-MEDICARE to get information on all your options.