



VICAP Personal Information Form

1. Medicare requires that all beneficiaries searching for prescription drug plans have a My Medicare Account. For Alexandria City VICAP counselors to provide a drug coverage analysis, you must choose ONE of these three options.

I do not have a My Medicare Account, but I want a personalized search. I give permission for the Alexandria City VICAP Counselors to create a My Medicare Account. Counselors will send me the account username and password with my analysis.

I do not want a My Medicare Account. I understand that the information provided will be a general Prescription Drug Plan/ Medicare Advantage Plan comparison and will not show my current drug plan information or my personalized costs.

I have a My Medicare Account and I want a personalized search. I authorize VICAP counselor to access my account information.

Medicare Account Username:

Medicare Account Password:

Customer Signature: _____

2. I agree to counseling under provisions and guidelines of the Virginia State Health Insurance and Assistance Program (VICAP). I understand that counselors will use the information that I provide to assist me with my Medicare coverage options and will keep my personal information confidential.

Agree

Customer Signature: _____

3. Name as Appears on your Medicare Card (Mr./Ms.):

4. Address:

Street 1: _____

Street 2: _____

City: _____

State: _____

Zip Code: _____

5. Phone Number: _____

6. Email: _____

7. Birthday (MM/DD/YYYY): _____

8. Race:

White

Black/African American

American Indian

Asian

Alaskan Native

Other: _____

9. Person to Contact (if other than you):

10. Relationship to you: _____

11. Phone of Contact: _____

12. Preferred Language: _____

13. Preferred Pharmacy: _____

14. Medicare Card Number:

15. Part A or B Effective Date:

16. Current Plan Name (if any):

17. Do you have Medicaid?

Yes

No

18. Please Provide Your Monthly Gross Household Income:

Under \$871

\$872-\$1456

\$1457-\$1615

Over \$1616

19. Are you...?

Single

Married

