## 2025 AEP Medicare Review Information for Team TLC

In order for us to properly provide you with a thorough and accurate review of your 2025 Medicare PDP / MAPD Drug Plan options, please complete the form below or attach a copy of your current drug list and **sign the attached Scope of Appointment** and return to us via:

**Email:** info@tlcag.net **Fax:** (210)494-9967 **Website:** www.tlcadvisorygroup.com/medicare Mail: TLC Advisory Group LLC 14400 Northbrook, Ste 250 San Antonio, TX 78232 Your Name: \_\_\_\_\_ Your Email\_\_ DOB: \_\_/\_\_Team TLC Agent:\_ Phone #: Name of Drug Generic | Amount | Dosage Misc: list if PRN or 30 or 90 MG/ML / Brand Daily day refills special instructions I Would Like a Medigap Review to See About Lowering My Premiums: Current Medigap Company Name: \_\_\_\_\_\_Plan Type (F,HDF,G,N,K,L): \_\_\_\_\_ Current Premiums: \$\_\_\_\_\_ (per Month / Year/Qtr/Semi-Ann) Tobacco User: \_\_\_Yes\_\_\_No Married: \_\_\_\_Yes \_\_\_\_No Single: (but had someone over 18 years old live with you the past 12 months): \_\_\_\_\_Yes \_\_\_\_\_No Ever Denied or Rated for a Medigap Plan? \_\_\_\_Yes \_\_\_\_No If so, when?\_\_\_\_\_ If so, why? Circle any of the following Medical Conditions that you have been diagnosed with, treated, or prescribed medicine for in the last 5 years: Congestive Heart Failure; Defibrillator; Coronary Artery Disease (CAD); Peripheral Vascular Disease TIA(s); Heart Surgery; Pacemaker; Atrial Fibrillation treated with Medicine; Stroke; Heart Attack; Stents: Internal Cancer; Parkinson's; ALS; Multiple Sclerosis; Osteoporosis with Fracture; Lupus; Neuropathy; Hepatitus or Disorder of Pancreas; Kidney Disease (Failure or Dialysis); Renal Insufficiency; Dementia or Alzheimer; Bone Marrow or Stem Cell transplant; COVID; any procedure or surgery recommended but not completed. Anything else not listed, please add below: Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_