



STATE HEALTH INSURANCE PROGRAM INTAKE QUESTIONNAIRE

NORTH DAKOTA INSURANCE DEPARTMENT

SFN 61886 (9-2023)

MEDICARE OPEN ENROLLMENT is October 15th to December 7th

Fax completed form to: 701-328-9610 or email to: ndshic@nd.gov

STATE HEALTH INSURANCE PROGRAM (SHIP) DISCLOSURE STATEMENT/AGREEMENT

SHIP Counselors, trained by the North Dakota Insurance Department, are acting in good faith to provide independent, impartial information about health insurance policies and benefits to beneficiaries. Counselors do not sell any type of health care coverage, nor do they endorse or recommend any specific plan or policy. Any information presented by SHIP volunteers or staff should not be construed to be legal advice, and volunteers are not liable for acts and omissions in providing counseling to recipients of service. If you have chosen to make a change to your Medicare Part D plan and are asking SHIP volunteers for assistance to make changes on your behalf, you will be required to give verbal consent acknowledging your request. You will be responsible for the actual plan contract of that enrollment. The SHIP counselor will NOT choose a plan for you.

Applicant Signature	Date
Applicant's Representative Signature (if applicable)	Date

APPLICANT INFORMATION

Name of Applicant (First, Middle, Last)		Age of Applicant	
Address		City	State ZIP Code
Telephone Number	County	Email Address	
How did you hear about SHIP?		Primary Language Spoken	
I am interested in reviewing my Part D Drug Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		I am interested in reviewing my Advantage Plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you currently have other insurance coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Specify Insurance Company	

FINANCIAL ASSISTANCE PROGRAM INFORMATION

Mark the services you are currently receiving
 Extra Help Medicaid Medicare Savings Plan

DRUG PLAN

Name of Current Drug Plan Company	Name of Current Drug Plan
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PHARMACY INFORMATION

Name of Preferred Pharmacy	Name of Alternative Pharmacy
Do you use mail order? <input type="checkbox"/> Yes <input type="checkbox"/> No	

