

Medicare-Eligible Employer/Union/Group Opportunity Fact Finder

Company/Union/Group Name: _____

Contact Person - Full name: _____

Position: _____

Phone number: _____

Email: _____

Do they offer active employees group coverage? Yes or No

If so, type and cost if known: _____

Do they offer retiree benefits? Yes or No

If so, type and cost if known: _____

Do they receive a pension? Yes or No

Do they offer health benefits specifically for Medicare-eligible retirees? Yes or No

Carrier and type(s): _____

Premium(s): _____

Renewal date: _____

Employer participation/cost share %: _____

If healthcare benefits are offered while employed, what happens to spouses/dependents when an employee retires (especially if the spouse is under age 65)? _____

How many Medicare-eligible employees? _____

Census available? Yes or No

Spouse included? Yes or No

Census Requirements: Name of Retiree, DOB, Name of Spouse, DOB, Address, Sex, Disabled or Not (if available), Surviving Spouse (with deceased Retiree Name for Reference), DOB, Address, Disabled or Not. MAPD, PDP, and Dental may require past utilization amounts.

Have you communicated with this company/representative specifically about "retiree Medicare group options" and how TLC may be able to assist? Yes or No

Requested Meeting Format: Virtual Meeting _____ Phone _____ In-person _____

Is Retiree Medicare options/Resource the only topic to be discussed at the proposed meeting? Yes or No

NOTES:
