

SURVEY

Please Fill out this survey, it will help me focus my presentation

Name of Employer you retired from _____

Are you covered by former Employer's Health Insurance plan? YES _____ NO _____

If answered is NO:

Are you on Medicare? YES _____ NO _____

Is your Spouse on Medicare? YES _____ NO _____

Are you on a Medicare Supplement Plan? YES _____ NO _____

Are you on a Prescription Drug Plan? YES _____ NO _____

Are you on a Medicare Advantage Plan? YES _____ NO _____

Is your Spouse on a Medicare Supplement Plan? YES _____ NO _____

Is your Spouse on a Prescription Drug Plan? YES _____ NO _____

Is your Spouse on a Medicare Advantage Plan? YES _____ NO _____