Medicare Assessment

Retirement and Protection Summary

Age: DOB:

Client(s) Name:_____ Date: _____

	Yes / No	When?
Collecting social security?	_____	_____
Have you enrolled in Medicare?	_____	_____
Medicare Part A?	_____	_____
Medicare Part B?	_____	_____
How do you file your taxes? (Single or Jointly)	_____	
IRMAA?	_____	
What type of coverage	_____	
Plan Name	_____	

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