



# Your Turning 65 Medicare Checklist

A personal planning workbook to help you organize important dates, current coverage, health needs, questions, and next steps.

“The best time to plant a tree was yesterday. The next best time is today.”

● Bring this checklist to your next Medicare appointment, or complete it as you go to keep your decisions on the right path.

## Start here

Complete the basics first. You can return to the remaining pages as you gather information.

FULL NAME

DATE OF BIRTH

65TH BIRTHDAY MONTH / YEAR

PHONE

EMAIL

PREFERRED CONTACT METHOD

## How to use this checklist

1

**Fill in what you know now.**

Dates and coverage details can be added as you receive them.

2

**Use the checkboxes to track progress.**

Save the PDF after each update or print a copy for handwritten notes.

3

**Bring it to your Medicare conversation.**

Use the questions and health inventory to make the discussion more productive.

## Current coverage

Check all that apply today.

- ☐ Active employer plan - my job
- ☐ Active employer plan - spouse
- ☐ Retiree coverage
- ☐ COBRA
- ☐ Marketplace / individual plan
- ☐ VA / TRICARE
- ☐ No current coverage

## What matters most to me

Check the priorities you want to discuss.

- ☐ Keep my doctors
- ☐ Predictable costs
- ☐ Lower monthly premium
- ☐ Prescription coverage
- ☐ Travel flexibility
- ☐ Dental / vision / hearing
- ☐ Simple, coordinated coverage



STEP 1

## Map your enrollment timing

3 MONTHS BEFORE

### Enrollment window opens

Enter the date or month

BIRTHDAY MONTH

### Your central eligibility month

Enter the date or month

3 MONTHS AFTER

### Initial window closes

Enter the date or month

#### Why timing matters

The month you enroll can affect when coverage begins. Start reviewing your situation before your birthday month rather than waiting until the end of the enrollment window.

## Will Medicare enrollment be automatic?

Check one answer for each question. Use the notes area if you are unsure.

|                                                                                                    | Yes                      | No                       | Not sure                 |
|----------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Are you receiving Social Security or Railroad Retirement benefits at least 4 months before age 65? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you received a Medicare welcome package or Medicare card?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you need to apply for Medicare through Social Security?                                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

#### ENROLLMENT / AUTOMATIC ENROLLMENT NOTES

## My enrollment actions

- ☐ Review the Medicare card, welcome package, and effective dates.
- ☐ Apply through Social Security if enrollment is not automatic.
- ☐ Confirm my Medicare Part A effective date.
- ☐ Confirm my Medicare Part B effective date.
- ☐ Save copies of Medicare notices, confirmations, and my Medicare card.
- ☐ Create or update my secure Medicare.gov and Social Security accounts.



**STEP 2**

## Review the coverage you already have

**CURRENT EMPLOYMENT STATUS - CHECK ALL THAT APPLY**

- ☐ I am actively working ☐ My spouse is actively working ☐ Neither of us is actively working

EMPLOYER / PLAN NAME

BENEFITS CONTACT

PHONE / EMAIL

COVERAGE END DATE (IF KNOWN)

SPOUSE / DEPENDENT IMPACT

## Questions for the benefits administrator

- ☐ Is this coverage based on current active employment? ☐ Will the employer plan remain primary after age 65?
- ☐ Is the prescription coverage creditable for Medicare Part D? ☐ How will Medicare enrollment affect HSA contributions?
- ☐ What happens to spouse or dependent coverage? ☐ What will the premium and cost sharing be after age 65?
- ☐ Can I receive the answers and coverage dates in writing? ☐ What paperwork will I need for a future Special Enrollment Period?

### HSA timing caution

Medicare enrollment can affect HSA contribution eligibility. If you plan to enroll after age 65, ask about stopping HSA contributions before applying or retiring, because Medicare Part A may begin retroactively in some situations. Confirm the timing with a qualified tax or benefits professional.

### COBRA, retiree, and Marketplace coverage

These types of coverage may not protect your Medicare Part B enrollment rights in the same way as active employer group coverage. Confirm the rules before delaying Part B or making a coverage change.



**STEP 3** **Build your health and prescription inventory**

**Doctors and specialists**

| PROVIDER NAME | SPECIALTY | CITY / MEDICAL GROUP | MUST KEEP                |
|---------------|-----------|----------------------|--------------------------|
|               |           |                      | <input type="checkbox"/> |
|               |           |                      | <input type="checkbox"/> |
|               |           |                      | <input type="checkbox"/> |
|               |           |                      | <input type="checkbox"/> |
|               |           |                      | <input type="checkbox"/> |
|               |           |                      | <input type="checkbox"/> |
|               |           |                      | <input type="checkbox"/> |
|               |           |                      | <input type="checkbox"/> |
|               |           |                      | <input type="checkbox"/> |
|               |           |                      | <input type="checkbox"/> |

**Prescription medications**

| MEDICATION | DOSE | FREQUENCY | PREFERRED PHARMACY |
|------------|------|-----------|--------------------|
|            |      |           |                    |
|            |      |           |                    |
|            |      |           |                    |
|            |      |           |                    |
|            |      |           |                    |
|            |      |           |                    |
|            |      |           |                    |
|            |      |           |                    |

PREFERRED HOSPITALS / MEDICAL GROUPS

TRAVEL, SECOND HOME, OR OUT-OF-AREA CARE NEEDS

PREFERRED PHARMACIES

OTHER HEALTH OR ACCESSIBILITY CONSIDERATIONS



**STEP 4** Prepare to compare your Medicare coverage options

## Original Medicare

Medicare Part A and Part B provided through the federal program.

- ☐ Review separate Part D drug coverage
- ☐ Review Medicare Supplement coverage
- ☐ Confirm provider participation
- ☐ Review deductibles and coinsurance
- ☐ Consider travel and out-of-area access

## Medicare Advantage

A private plan that provides your Medicare Part A and Part B benefits.

- ☐ Review doctors, hospitals, and networks
- ☐ Review prescriptions and pharmacies
- ☐ Review premiums and maximum out-of-pocket
- ☐ Review referrals and prior authorization
- ☐ Review added benefits and limitations

## Questions I want answered before choosing coverage

- |                                                                                      |                                                                                           |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Are my doctors and preferred hospitals available?           | <input type="checkbox"/> Are my medications covered, and at what cost?                    |
| <input type="checkbox"/> What is the likely total yearly cost, not only the premium? | <input type="checkbox"/> How does coverage work while traveling or living elsewhere?      |
| <input type="checkbox"/> Are referrals or prior authorizations required?             | <input type="checkbox"/> What is the annual maximum out-of-pocket amount?                 |
| <input type="checkbox"/> What may happen if I want to change coverage later?         | <input type="checkbox"/> How valuable are dental, vision, hearing, or other extras to me? |

## My top five priorities

- 1
- 2
- 3
- 4
- 5

PLAN OPTIONS OR QUESTIONS I WANT TO REVIEW



STEP 5

## Complete your final checks

- |                                                                                          |                                                                                                                |
|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Confirm Medicare Part A and Part B effective dates.             | <input type="checkbox"/> Confirm how employer, retiree, military, or other coverage coordinates with Medicare. |
| <input type="checkbox"/> Review doctors, hospitals, prescriptions, and pharmacies.       | <input type="checkbox"/> Choose how I want to receive Medicare coverage.                                       |
| <input type="checkbox"/> Confirm prescription drug coverage and avoid an unintended gap. | <input type="checkbox"/> Save enrollment confirmations, notices, and coverage documents.                       |
| <input type="checkbox"/> Record important plan and customer service phone numbers.       | <input type="checkbox"/> Schedule a follow-up review after coverage becomes active.                            |

## My decision summary

COVERAGE PATH / PLAN TYPE

PLAN / COMPANY

EFFECTIVE DATE

CONFIRMATION NUMBER

NEXT APPOINTMENT / REVIEW DATE

QUESTIONS OR NOTES FOR SILVER PATH BENEFITS INSURANCE SERVICES

## Official resources and support

Confirm important enrollment and coverage decisions with official sources.

**Medicare.gov**

medicare.gov

**Social Security Medicare**

ssa.gov/medicare/sign-up

**California HICAP**

aging.ca.gov/Programs\_and\_Services/Medicare\_Counseling/

**Medicare by phone**

1-800-MEDICARE (1-800-633-4227)

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