

For additional information, please contact  
856-866-2020 or email [info@lubenowagency.com](mailto:info@lubenowagency.com)

Broker's Name

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Broker's Address

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Broker's Phone

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Broker's Email

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KTB Associate Broker works with

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Client / Prospects Name

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Street Address

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City

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State

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Zip Code

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Phone

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Email, if Available

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County of Residence, if known

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Date of Birth (not Age, but DOB)

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Effective Date of Medicare Part A

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Effective Date of Medicare Part B

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**Current Status**

**Actively Working**

**Retired**

**Losing Current Coverage**

**Yes**

**No**

**If Yes, please list reason**

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**--CURRENT COVERAGE--**

**Group (Non Medicare)**

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**Individual coverage - Non Medicare**

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**Medicare coverage – Original Medicare without a supplement**

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**Original Medicare with a supplement**

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**Medicare Advantage plan like PC65, KC65 or Aetna Golden**

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**Current Drug coverage under Medicare Part D**

**Yes**

**No**

**List of drugs with exact name, dosage and frequency**

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**Brief description of request or question from client or broker**

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