



Medicare Workshop

Avoid the Top 5 Mistakes People Make on Medicare



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Our top priority is to **reduce stress** for Medicare beneficiaries, by providing **education**, an overview of the choices available, and making recommendations for each individual's coverage.

- Founded in 2009
- **Over 25,000 Medicare Clients Nationwide**
- President is Doug Lubenow; ~30 years in Insurance Industry
- Family Owned & Operated
- **Over 500, 5-star reviews - <https://www.senior-advisors.com/testimonials.html>**
- ***Member of the Medicare Advisory Board of National Association of Benefits & Insurance Professionals (NABIP) from 2012-2023***



READ THIS FOR MORE INFO

<https://www.senior-advisors.com/about-us.html>

We have two offices in NJ, an office in AZ, and we are licensed in ~40 states.



Cranford Office

15 Alden Street, Suite 8
Cranford, NJ 07016

Moorestown Office

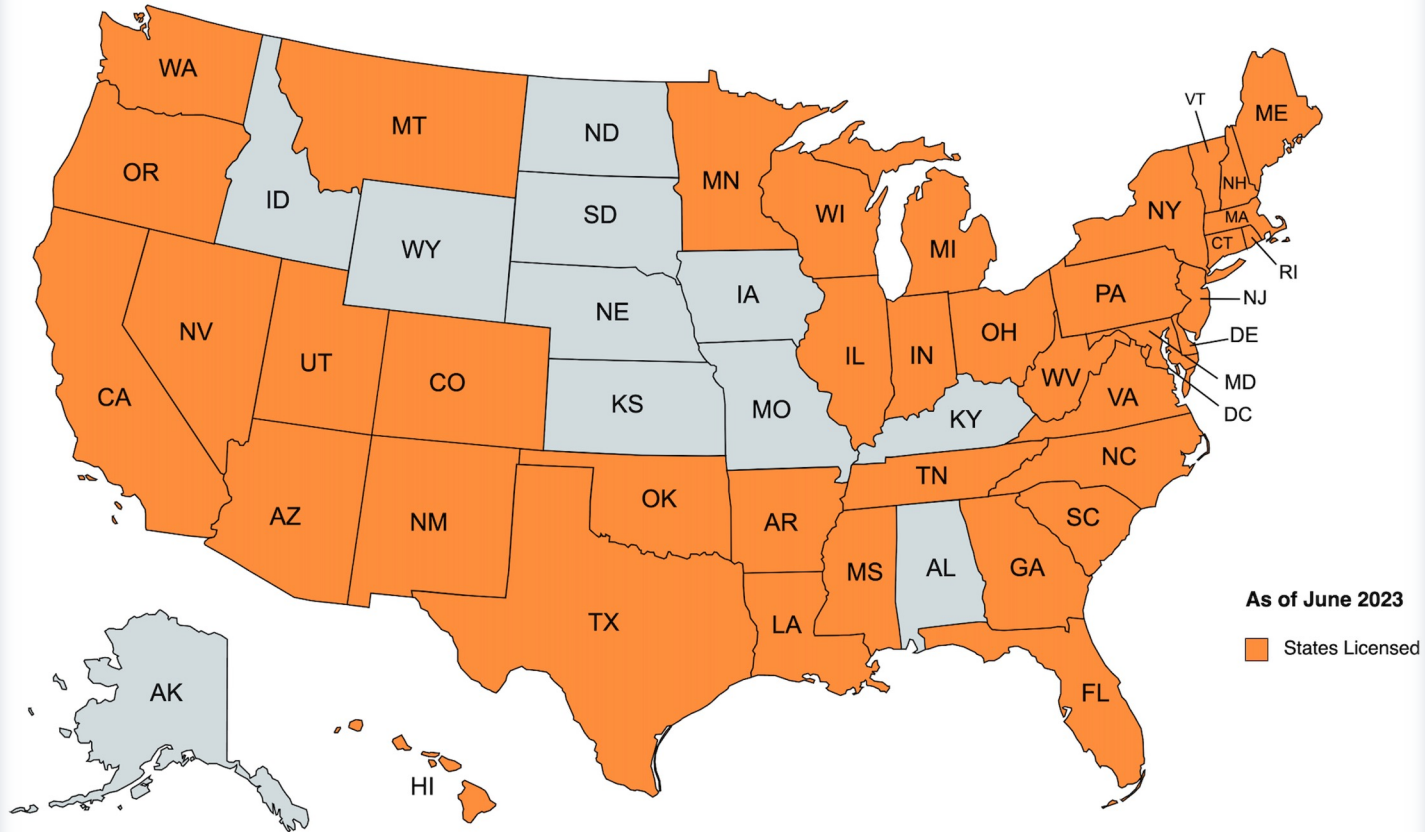
214 W Main Street Suite 101
Moorestown, NJ 08057

Arizona

20715 N Pima Rd, Suite 108
Scottsdale, AZ 85255



We have two offices in **NJ**, an office in **AZ**, and we are **licensed in ~40 states**.



Legend:
Orange = States Currently Licensed

Educate seniors on Medicare, provide options for coverage, and help them enroll.

Educate



We offer FREE workshops: What Baby Boomers need to know about Medicare.

<https://www.senior-advisors.com/watch-workshop-now.html>

Provide Options



And More!

Assist with Enrollment

- Part A (Hospital)
- Part B (Doctors)
- **Medigap Plans (aka Medicare Supplement Plans)**
- **Medicare Advantage**
- Part D (RX Plans)



Section 1: Medicare & Medicare Supplements



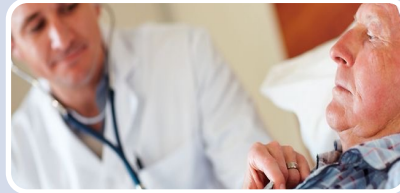
Section 2: Medicare Part D: Prescription Plans

Including Inflation Reduction Act Impacts



Section 3: Recap Top 5 Mistakes People Make

Parts of Medicare



Part A: Hospital Insurance

- Inpatient care in hospitals
- Skilled nursing facility, hospice, and home health care

Usually, no premiums

Part B: Medical Insurance

- Doctors, hospital outpatient care, durable medical equipment and home health care
- Preventative services

Usually, \$164.90/mo.*

* Income adjusted

Part C: Medicare Advantage

- Another way to get benefits covered under Part A & B
- Most offer prescription drug coverage (part D)
- Run by private insurance companies

Varies by plan

Part D: Prescription Drug Coverage

- Helps cover prescription costs
- Run by private insurance companies

Usually, plan premium*

* Income adjusted



Medicare Part **B**: Monthly Premiums

LEGEND: 2023 changes in orange

2023 INCOME TIERS & PREMIUMS			
Tier	File Ind. Tax Return	File Joint Tax Return	Prem. in 2023
1	<=\$97k	<=\$194k	\$164.90
2	\$97,001-\$123,000	\$194,001-\$246,000	\$230.80
3	\$123,001-\$153,000	\$246,001-\$306,000	\$329.70
4	\$153,001-\$183,000	\$306,001-\$366,000	\$428.60
5	\$183,001-\$500,000	\$366,001-\$750,000	\$527.50
6	>\$500,000	>\$750,000	\$560.50

¹ Income is based on prior full year tax return (e.g. 2021 MAGI for 2023 premiums)



Medicare Part **D**: Monthly Premiums

LEGEND: 2023 changes in orange

2023 INCOME TIERS & PREMIUMS			
Tier	File Ind. Tax Return	File Joint Tax Return	Prem. in 2023
1	<=\$97k	<=\$194k	Your plan premium
2	\$97,001-\$123,000	\$194,001-\$246,000	\$12.20 + your plan premium
3	\$123,001-\$153,000	\$246,001-\$306,000	\$31.50 + your plan premium
4	\$153,001-\$183,000	\$306,001-\$366,000	\$50.70 + your plan premium
5	\$183,001-\$500,000	\$366,001-\$750,000	\$70.00 + your plan premium
6	>\$500,000	>\$750,000	\$76.40 + your plan premium

¹ Income is based on prior full year tax return (e.g. 2021 MAGI for 2023 premiums)

Medicare **B & IRMAA*** TOTAL Monthly Premiums

LEGEND: 2023 changes in orange

2023 INCOME TIERS & PREMIUMS			
Tier	File Ind. Tax Return	File Joint Tax Return	Prem. in 2023
1	<=\$97k	<=\$194k	\$164.90
2	\$97,001-\$123,000	\$194,001-\$246,000	\$243.00
3	\$123,001-\$153,000	\$246,001-\$306,000	\$361.20
4	\$153,001-\$183,000	\$306,001-\$366,000	\$479.30
5	\$183,001-\$500,000	\$366,001-\$750,000	\$597.50
6	>\$500,000	>\$750,000	\$636.90

¹ Income is based on prior full year tax return (e.g. 2021 MAGI for 2023 premiums)

IRMAA Appeal – SSA-44 form

<https://www.ssa.gov/forms/ssa-44-ext.pdf>

Form SSA-44 (11-2019)

Page 2 of 8

STEP 1: Type of Life-Changing Event

Check **ONE** life-changing event and fill in the date that the event occurred (mm/dd/yyyy). If you had more than one life-changing event, please call Social Security at 1-800-772-1213 (TTY 1-800-325-0778).

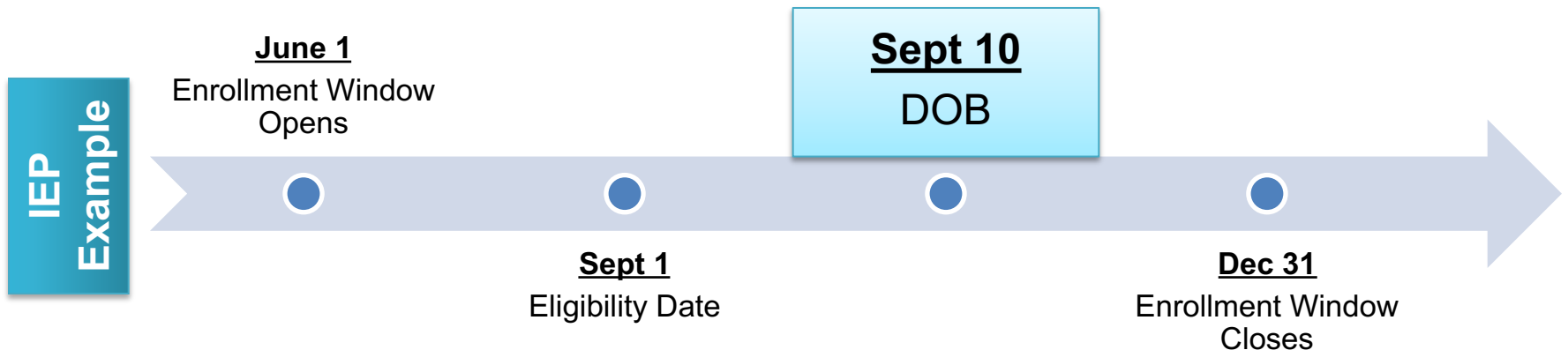
- | | |
|---|--|
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Work Reduction |
| <input type="checkbox"/> Divorce/Annulment | <input type="checkbox"/> Loss of Income-Producing Property |
| <input type="checkbox"/> Death of Your Spouse | <input type="checkbox"/> Loss of Pension Income |
| <input type="checkbox"/> Work Stoppage | <input type="checkbox"/> Employer Settlement Payment |

Date of life-changing event:
mm/dd/yyyy



Initial Enrollment Period

- 7-month Initial Enrollment Period (IEP)
 - Eligible 1st of the month turn 65*
 - Critical to enroll during the 7-month IEP
 - Can enroll later with penalties (10% per year)



* If your birthday is 1st of the month, you are eligible the previous month

Who Pays First???

- There are several situations where knowing who pays first is extremely important, as it may cause employees claims to not be paid or for them to face penalties at a later date.

If the member is...	And...	This is who pays first
Over age 65, on group plan/spouse's group plan	Employer has less than 20 employees	Medicare
Over age 65, on group plan/spouse's group plan	Employer has 20 or more employees	Group Health Plan
Disabled & covered by group plan/spouse's group plan	Employer has less than 100 employees	Medicare
Disabled & covered by group plan/spouse's group plan	Employer has 100 or more employees	Group Health Plan
On an Employer Retirement plan	Is entitled to Medicare	Medicare
Covered by COBRA*	Is entitled to Medicare	Medicare

Part B Enrollment Scenarios

*Social Security

If you are...

- Turning 65 and already enrolled in SS*
 - ***You will be auto-enrolled in A & B***
- Turning 65 and not enrolled in SS*,
 - You can enroll online at <https://ssa.gov/benefits/medicare>
- Enrolling after age 65 (see next slide)

Enrolling After Age 65

Two forms can be brought (or mailed/faxed) to the local SSA office. Or...

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-1230
Expires: 04/24

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

1. Your Medicare Number

2. Do you wish to sign up for Medicare Part B (Medical Insurance)? YES

3. Your Name (Last Name, First Name, Middle Name)

4. Mailing Address (Number and Street, P.O. Box, or Route)

5. City State Zip Code

6. Phone Number (including area code)
() -

7. Written Signature (DO NOT PRINT)
SIGN HERE

8. Date Signed

IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), A WITNESS WHO KNOWS THE APPLICANT MUST SUPPLY THE INFORMATION REQUESTED BELOW.

9. Signature of Witness

10. Date Signed

Enroll in Part B
Form <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS40B-E.pdf>

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0787

REQUEST FOR EMPLOYMENT INFORMATION

SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)

1. Employer's Name 2. Date

3. En

4. Ap

6. En

Proof of Coverage
Form <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS-L564E.pdf>

SEC

For I

1. Is (or was) the applicant covered under an employer group health plan? Yes No

2. If yes, give the date the applicant's coverage began. (mm/yyyy)
/ /

3. Has the coverage ended? Yes No

4. If yes, give the date the coverage ended. (mm/yyyy)
/ /

5. When did the employee work for your company?
From: (mm/yyyy) To: (mm/yyyy) Still Employed: (mm/yyyy)
/ / / / / /

6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.
From: (mm/yyyy) To: (mm/yyyy)
/ / / /

For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement? Yes No

2. If yes, does the applicant have hours remaining in reserve? Yes No

3. Date reserve hours ended or will be used? (mm/yyyy)
/ /

All Employers:

Signature of Company Official Date Signed

Title of Company Official

Online Enrollment Portal for after age 65



Apply Online for Medicare Part B During a Special Enrollment Period

Instructions

Medicare Part B Enrollment:

The Social Security Administration is accepting Medicare Part B enrollment applications online for working individuals who qualify for a Special Enrollment Period (SEP).

You may use this online enrollment application if you are age 65 or older and you currently have or had within the last 8 months, group health plan (GHP) coverage through your (or your spouse's) current employment.

To complete this online enrollment application you will need:

- Your Medicare number
- Your current address and phone number
- A valid email address
- Documentation verifying your GHP coverage through your or your spouse's current employment.

IMPORTANT: You will need to digitally sign the form to complete your application. To complete your digital signature, you will need to provide an email address. You will receive an email from echosign@echosign.com asking you to confirm your digital signature. If you do not receive the confirmation email within a few minutes of submitting your email address, please check your email Junk folder in case the confirmation was delivered there instead of your inbox. **YOUR SIGNATURE IS NOT COMPLETE AND YOUR APPLICATION WILL NOT BE PROCESSED UNTIL YOU COMPLETE THE INSTRUCTIONS IN YOUR EMAIL.**

PLEASE NOTE:

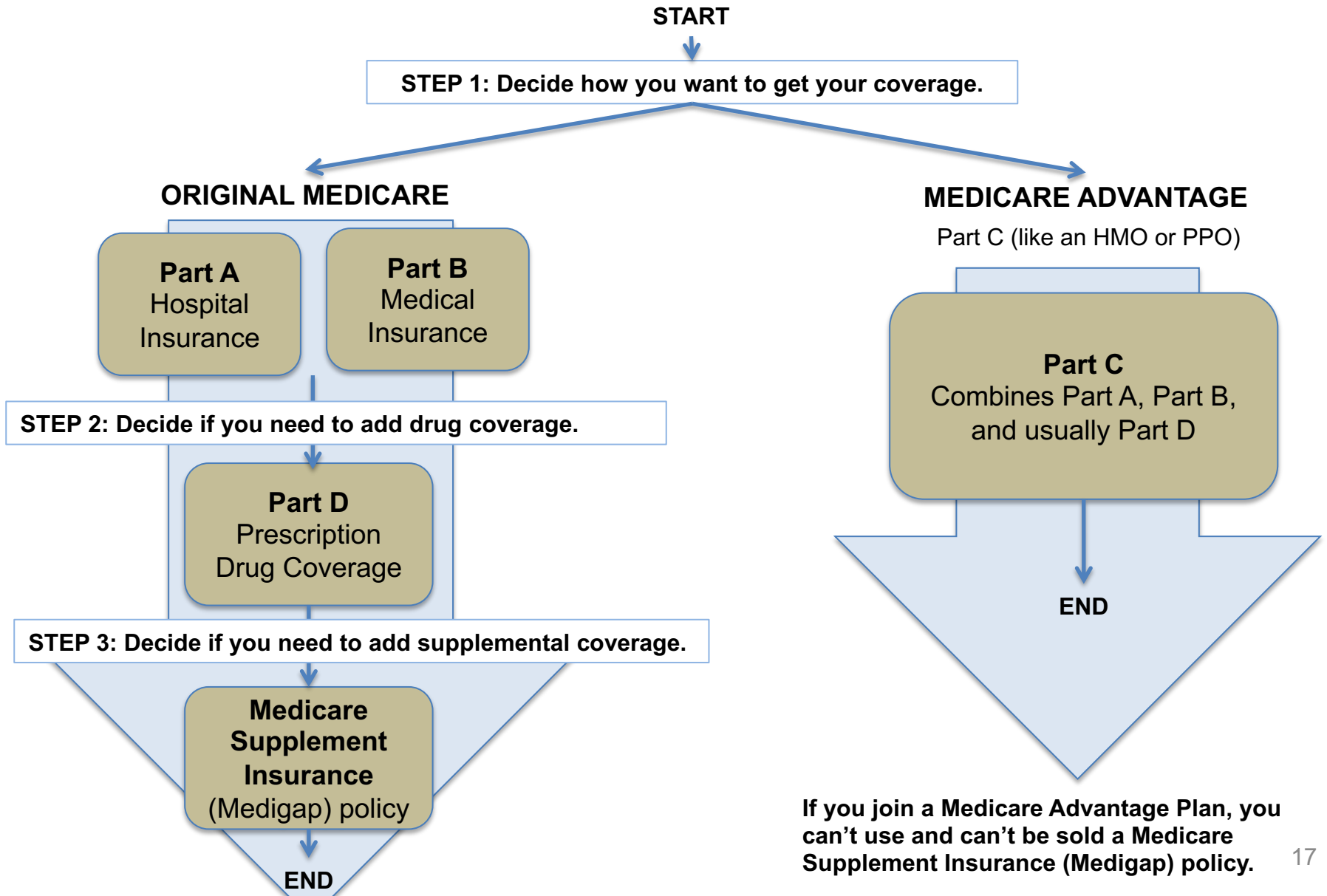
- This application is most compatible with the following browsers: Microsoft Edge and Google Chrome.

I understand that I am entering a U.S. Government System to file a benefit application with the Social Security Administration. I understand that I need to provide the Social Security Administration information to process the benefit application. I understand that failing to agree to the statements below will result in my inability to file a benefit application online, which may prevent the Social Security Administration from making an accurate and timely decision about eligibility for benefits.

I understand that:

- the Social Security Administration will validate the information I provide against the information in Social Security Administration's systems.
- my activities may be monitored within this site.
- any person who knowingly and willfully tries to obtain Social Security benefits falsely could be punished by a fine or imprisonment, or both.

Medicare Choices at a glance



Original Medicare compared to Advantage



Characteristic	Original Medicare + Medicare Supplement	Medicare Advantage (Part C)
Relationship to Medicare Parts A & B	Supplements	Replaces
Private Network Required	No	Most Plans
Referrals Required	No	Some plans
Part D Included	No	Most plans
Monthly Premiums	Vary, but generally higher	Vary, but generally lower
Annual Out-of-Pocket Costs	Minimal	Up to \$8,300
Guaranteed Renewable for Life	Yes	No
Other* Benefits	No	Yes

**Advantage Plans can offer Dental, Vision, Hearing, Gym, OTC Benefits, and more.*

Wisconsin, Minnesota, and Massachusetts don't follow the federal Plan Names for Medigap but similar coverage combinations are available.

Plan F Example – Part A

Services	Medicare Pays	Plan Pays	You Pay
<u>Hospitalization</u> Semiprivate room and board, general nursing & misc. services & supplies First 60 Days 61 st -90 th day 91 st and after While using 60 lifetime reserve days Once lifetime reserve days are used: Additional 365 days Beyond the additional 365 days	All but [\$1,600] All but [\$400] a day All but [\$800] a day \$0 \$0	[\$1,600] (Part A deductible) [\$400] a day [\$800] a day 100% Medicare Eligible Expenses \$0	\$0 \$0 \$0 \$0 All costs
<u>Skilled Nursing Facility Care</u> You must meet Medicare's requirements, including having been in a hospital for at least 3 days & entered a Medicare-Approved facility within 30 days after leaving the hospital First 20 days 21 st -100 th day 101 st day and after	All approved amounts All but [\$200] a day \$0	\$0 Up to [\$200] a day \$0	\$0 \$0 All Costs
<u>Blood</u> First 3 pints Additional Amounts	\$0 100%	3 pints \$0	\$0 \$0
<u>Hospice Care</u> You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited co-payment/coinsurance for outpatient drugs & inpatient respite care	Medicare co-payment/coinsurance	\$0

Wisconsin, Minnesota, and Massachusetts don't follow the federal Plan Names for Medigap but similar coverage combinations are available.

Plan F Example – Part B

Services	Medicare Pays	Plan Pays	You Pay
<u>Medical Expenses</u> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient & outpatient medical & surgical services & supplies, physical & speech therapy, diagnostic test, durable medical equipment First [\$226] of Medicare-Approved amounts Remainder of Medicare-Approved amounts	\$0 Generally 80%	[\$226] (Part B deductible) Generally 20%	\$0 \$0
<u>Part B Excess charges</u> (Above Medicare-Approved amounts)	\$0	100%	\$0
<u>Blood</u> First 3 pints Next [\$226] of Medicare-Approved amounts Remainder of Medicare-Approved amounts	\$0 \$0 80%	All costs [\$226] (Part B deductible) 20%	\$0 \$0 \$0
<u>Clinical Laboratory Services</u> TESTS FOR DIAGNOSTIC SERVICES	100%	\$0	\$0

Plan F Example – Part A&B

Services	Medicare Pays	Plan Pays	You Pay
<u>Home Health Care-</u> MEDICARE APPROVED SERVICES <ul style="list-style-type: none"> ■ Medically necessary skilled care services & medical supplies ■ Durable medical equipment ■ First [\$226] of Medicare-Approved amounts ■ Remainder of Medicare-Approved amounts 	100 % \$0 80%	\$0 [\$226] (Part B deductible) 20%	\$0 \$0 \$0
Other Benefits-Not Covered by Medicare			
Services	Medicare Pays	Plan Pays	You Pay
<u>Foreign Travel-Not Covered</u> Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime max. benefit of \$50,000	\$250 20% & amounts over \$50,000 lifetime max.

Plan G Example

- **Plan G is the same as Plan F, except for the Part B deductible**

Services	Medicare Pays	Plan Pays	You Pay
<p><u>Medical Expenses</u> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient & outpatient medical & surgical services & supplies, physical & speech therapy, diagnostic test, durable medical equipment</p> <p>First [\$226] of Medicare-Approved amounts*</p> <p>Remainder of Medicare-Approved amounts</p>	<p>\$0</p> <p>Generally 80%</p>	<p>\$0</p> <p>Generally 20%</p>	<p>\$226 (Part B deductible)</p> <p>\$0</p>

Wisconsin, Minnesota, and Massachusetts don't follow the federal Plan Names for Medigap but similar coverage combinations are available.

Plan N Example

- **Plan N is the same as Plan G, except for doctor copays and Excess Charges**

Services	Medicare Pays	Plan Pays	You Pay
<u>Medical Expenses</u> IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient & outpatient medical & surgical services & supplies, physical & speech therapy, diagnostic test, durable medical equipment First [\$266] of Medicare-Approved amounts Remainder of Medicare-Approved amounts *ER co-pay waived if admitted to the hospital	\$0 Generally 80%	\$0 Balance, other than \$20 co-pay per office visit and up to \$50 per ER visit*	\$226 up to \$20 per office visit and up to \$50 per ER visit*
<u>Part B Excess charges</u> (Above Medicare-Approved amounts)	\$0	0%	All Costs

Medigap Open Enrollment

- 6-month Open Enrollment Period*

Up to 6 Months after your Medicare Part B effective date

- You may be eligible for Open Enrollment...

...if you were previously covered under Medicare (SS Disability) and you turn 65, you have another 6-month open enrollment period

* **Guaranteed Issue:** Will not need to answer health questions (no medical underwriting)²⁴

PART D OVERVIEW

Medicare Part D: Prescription Coverage

LEGEND

Strikethrough: 2022 values

Orange Text: 2023 Changes

Who Pays What?

up to...
~~\$480~~
\$505

- Member pays all*
- Plan pays nothing

Step 1:
Annual Deductible

~~<\$4,430~~
<\$4,660
*based on retail costs

- Member pays part
- Plan pays part

Step 2:
Initial Coverage

~~<\$7,050~~
<\$7,400
*based on Tro-oP

- Member pays 25%
- Plan pays 5%
- Pharma discounts 70%

Step 3:
Coverage Gap

~12% of Medicare Beneficiaries reach the Coverage Gap

~~>\$7,050~~
>\$7,400
*based on Tro-oP

- Member pays a little
- Plan pays most

Step 4:
Catastrophic Coverage

~4% of Medicare Beneficiaries reach Catastrophic Coverage

MEMBER PAYS:

TOTAL COST OF DRUGS*
**Deductible only applies to Tier 3-5 on most plans.*

COPAYS or COINSURANCE

25%
of the drug cost

The greater of
5% or
~~\$9.85~~ **\$10.35** (Brand-Name)
~~\$3.95~~ **\$4.15** (Generic)

Medicare Part D: Prescription Coverage

LEGEND Strikethrough: 2023 values
 Orange Text: 2024 Changes

Who Pays What?

up to...
~~\$505~~
\$545

- Member pays all*
- Plan pays nothing

Step 1:
 Annual Deductible

~~<\$4,660~~
<\$5,030
 *based on retail costs

- Member pays part
- Plan pays part

Step 2:
 Initial Coverage

~~<\$7,400~~
<\$8,000
 *based on Tro-oP

- Member pays 25%
- Plan pays 5%
- Pharma discounts 70%

Step 3:
 Coverage Gap

~12% of Medicare Beneficiaries reach the Coverage Gap

~~>\$7,400~~
>\$8,000
 *based on Tro-oP

- Member pays a little
- Plan pays most

Step 4:
 Catastrophic Coverage

~4% of Medicare Beneficiaries reach Catastrophic Coverage

MEMBER PAYS:

TOTAL COST OF DRUGS*

**Deductible only applies to Tier 3-5 on most plans.*

COPAYS or COINSURANCE

25%
 of the drug cost

The greater of 5%
 -or \$10.35 (Brand)
 \$4.15 (Generic)

\$0

Medicare Part D: Prescription Coverage

LEGEND Orange Text: 2025 Changes

Who Pays What?

up to...
\$X

- Member pays all*
- Plan pays nothing

Step 1:
Annual Deductible

<\$2,000
Out of Pocket

- Member pays part
- Plan pays part

Step 2:
Initial Coverage

>\$2,000
Out of Pocket

Step 3:
Maximum out of Pocket

Member pays \$0

MEMBER PAYS:

TOTAL COST OF DRUGS*

**Deductible only applies to Tier 3-5 on most plans.*

COPAYS or COINSURANCE

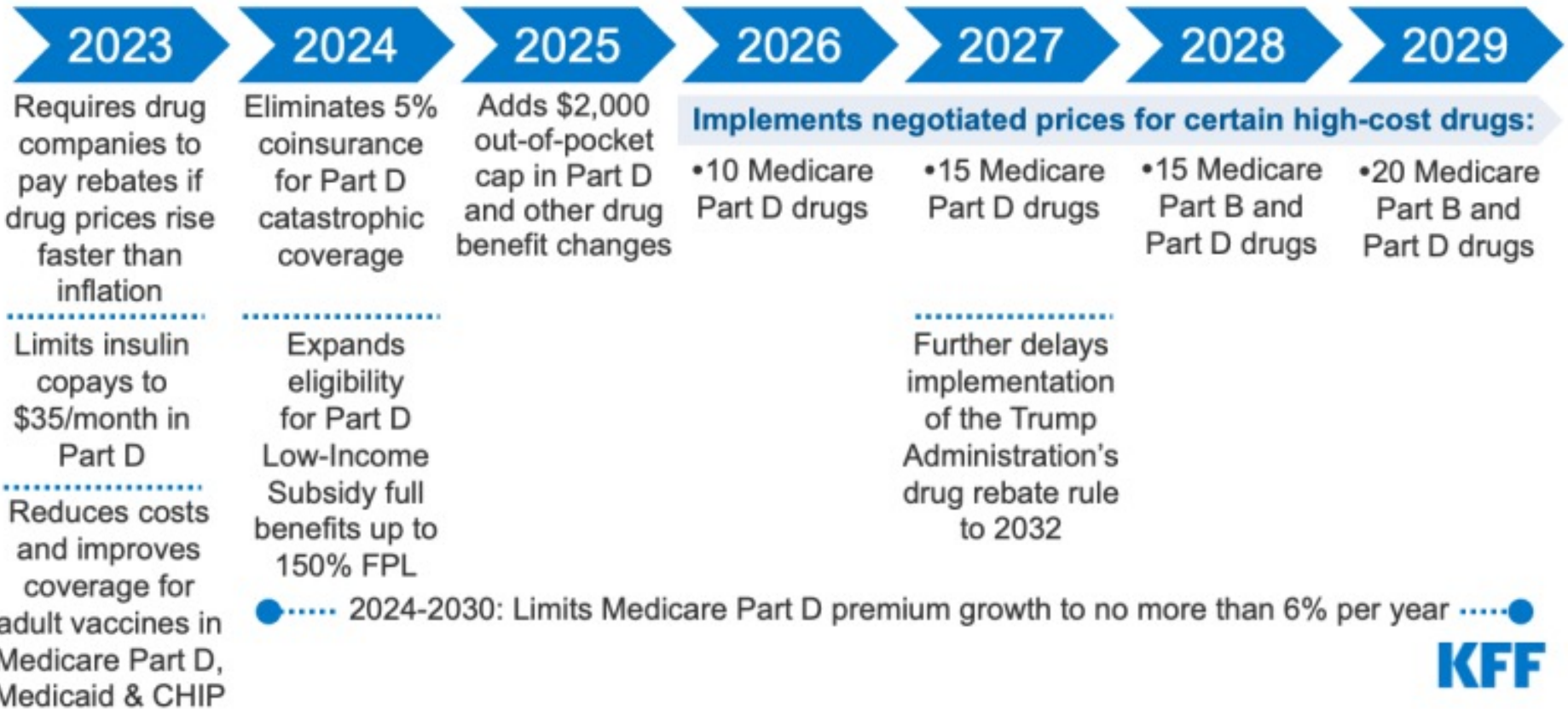
\$0*

** Inflation Reduction Act*

Drug Price Negotiations

Figure 1

Implementation Timeline of the Prescription Drug Provisions in the Inflation Reduction Act



First 10 Drugs Selected for Medicare Part D Price Negotiations

Eliquis

Jardiance® 
(empagliflozin) tablets


farxiga


Stelara®
(ustekinumab)

imbruvica® 


Fiasp®


Xarelto®

 Enbrel

Januvia® 
(sitagliptin)

 Entresto™
sacubitril/valsartan

MEDICARE PLAN FINDER DEMO

https://youtu.be/QbT_hJf0SfM

30 Prescription Drug Plans av... X +

medicare.gov/plan-compare/#/search-results?plan_type=PLAN_TYPE_PDP&fips=34039&zip=07016&year=2021&lang=en&p... Update

Apps ★ Bookmarks bookmarks Weebly - Sr Advis... New Medicare Pla... Zoho CRM - Hom... SEo Dex Google Analytics DYL Other Bookmarks Reading List

MY LOCATION: Union, NJ [Change location](#) PLAN TYPE: Select a Plan Type

Filter by: Insurance Carrier Star Ratings

Showing 10 of 30 drug plans SORT PLANS BY: Lowest drug + premium cost

Horizon Medicare Blue Rx Saver (PDP)
Horizon Blue Cross Blue Shield of New Jersey | Plan ID: S5993-007-0
Star rating: ★★★★★

MONTHLY PREMIUM: **\$23.50** Includes: Only drug coverage

YEARLY DRUG & PREMIUM COST

\$134.00 Retail pharmacy: Estimated total drug + premium cost

\$124.00 Mail-order pharmacy: Estimated total drug + premium cost

DEDUCTIBLE: **\$150.00** Drug deductible

PHARMACIES: 4 of 4 of your selected retail pharmacies are in-network
[View your pharmacies](#)

DRUGS: [View drugs & their costs](#)

Justin Lubnow

Feedback

Prescription Assistance Programs

- www.goodrx.com
- www.glicRx.com
- www.blinkrx.com
- www.simplefill.com
- State Income Assistance Programs (e.g. NJ PAAD and Senior Gold)

Recap

TOP 5 MISTAKES PEOPLE MAKE ON MEDICARE

1

Not enrolling in Part B on-time



- Initial Enrollment Period
- 10% Penalty/year
- COBRA
- Retiree Plans
- Social Security Disability

2

Not analyzing prescription drugs



- **Could cost you thousands of \$\$**
- **30 different drug cards**
- **Formularies are key**
- **Medicare.gov**
- **Annual Enrollment 10/15 to 12/7**

3

Medicare Advantage vs Medigap



- **Networks & Referrals**
- **Max. Out of Pocket Expense**
- **Changes during Annual Enrollment**
- **Extra Benefits**
- **Overall expenses**

4

I'm Healthy, I don't need coverage



- **20% Coinsurance**
- **No Maximum out of Pocket**
- **Medical Underwriting Requirements**
- **Lifetime Decision**

5

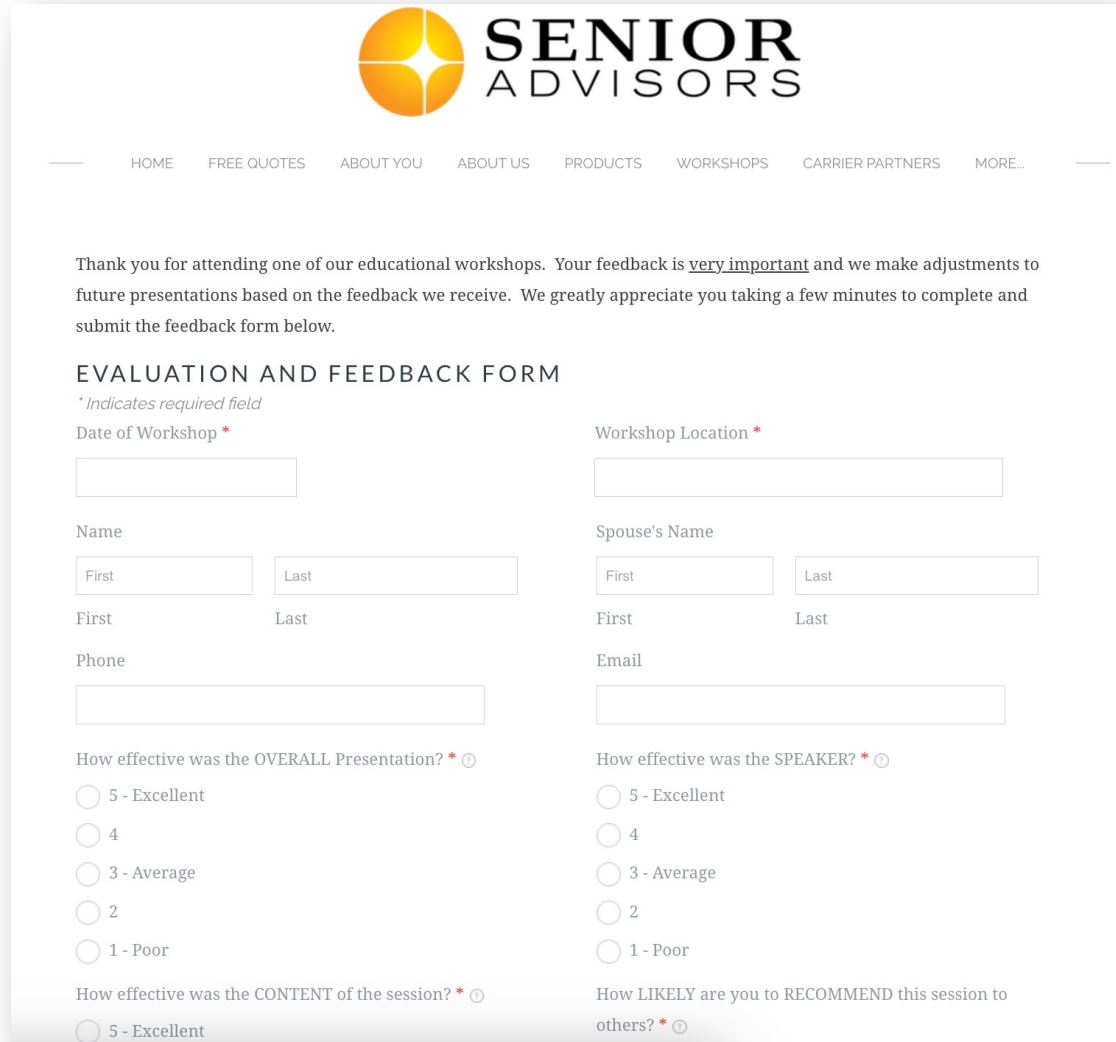
Listening to Friends & Family



- **Drug Cards**
- **Advertisements**
- **Analyze entire expense (not just prem.)**
- **Association Plans (not guar. renewable)**

Feedback Form

senior-advisors.com/feedback



The screenshot shows the Senior Advisors website's feedback form. At the top is the Senior Advisors logo, a stylized orange and yellow circle. Below the logo is a navigation menu with links: HOME, FREE QUOTES, ABOUT YOU, ABOUT US, PRODUCTS, WORKSHOPS, CARRIER PARTNERS, and MORE... The main content area contains a thank-you message and the title 'EVALUATION AND FEEDBACK FORM'. Below the title is a note: '* Indicates required field'. The form is divided into two columns. The left column contains: 'Date of Workshop *' with a text input field; 'Name' with 'First' and 'Last' text input fields; 'Phone' with a text input field; 'How effective was the OVERALL Presentation? *' with radio button options 5 - Excellent, 4, 3 - Average, 2, and 1 - Poor; and 'How effective was the CONTENT of the session? *' with a radio button option 5 - Excellent. The right column contains: 'Workshop Location *' with a text input field; 'Spouse's Name' with 'First' and 'Last' text input fields; 'Email' with a text input field; 'How effective was the SPEAKER? *' with radio button options 5 - Excellent, 4, 3 - Average, 2, and 1 - Poor; and 'How LIKELY are you to RECOMMEND this session to others? *' with a radio button option 5 - Excellent.

SENIOR ADVISORS

HOME FREE QUOTES ABOUT YOU ABOUT US PRODUCTS WORKSHOPS CARRIER PARTNERS MORE...

Thank you for attending one of our educational workshops. Your feedback is very important and we make adjustments to future presentations based on the feedback we receive. We greatly appreciate you taking a few minutes to complete and submit the feedback form below.

EVALUATION AND FEEDBACK FORM

** Indicates required field*

Date of Workshop *

Workshop Location *

Name

First Last

Spouse's Name

First Last

Phone

Email

How effective was the OVERALL Presentation? * 5 - Excellent
 4
 3 - Average
 2
 1 - Poor

How effective was the SPEAKER? * 5 - Excellent
 4
 3 - Average
 2
 1 - Poor

How effective was the CONTENT of the session? * 5 - Excellent

How LIKELY are you to RECOMMEND this session to others? * 5 - Excellent



Medicare Workshop

Avoid the Top 5 Mistakes People Make on Medicare



Doug Lubenow, RHU, CLTC
President

Member of Medicare Advisory Board
for National Association of Benefits &
Insurance Professionals 2012-2016



Justin Lubenow
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