

Medicare Open Enrollment is October 15 – December 7, 2026

Waukesha County Residents: Need help comparing 2027 Medicare plans?

Please complete the form below or online at: www.waukeshacounty.gov/ElderBenefitSpecialistProgram

Your current and top 2 lowest cost drug and/or advantage plan comparisons will be mailed to you **or** attend a workshop to receive your plan comparisons.

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____

Please check if you have a current Drug plan ☐ **or** Advantage plan ☐

Name of drug or advantage plan _____

Medicare Part A start date _____

Medicare Part B start date _____

Pharmacy Preferences _____

How do you want to receive your plan comparisons?
(Please check one)

☐ Mailed

☐ Workshop
(then check one below)

Attend Workshop at ADRC:

- ☐ Thu Oct 29 9-10 am
- ☐ Thu Oct 29 1-2 pm
- ☐ Wed Nov 4 2-3 pm
- ☐ Wed Nov 11 9-10 am
- ☐ Wed Nov 18 8:30-9:30 am
- ☐ Wed Nov 25 10-11 am
- ☐ Wed Dec 2 2-3 pm



Drug Name (if you have more, please write on separate sheet)	Dose Amount	How often Taken

I have requested the Elder Benefit Specialist's (EBS) assistance comparing Medicare Advantage and/or Part D plan options. I understand that the accuracy of the Plan Finder depends upon the information given by the Center for Medicare and Medicaid Services, as well as information I have provided to the EBS Program regarding my medications. **The Medicare website is subject to revision and/or error.** The most accurate information is available by contacting the plan directly. The EBS is not recommending any particular plan. I take full responsibility for the choice that I make. I understand that it is my responsibility to handle all further matters related to enrollment. If I become aware that my enrollment did not go through, it is my responsibility to follow up with the plan. If I have reason to believe that the enrollment was not successful, I will notify the plan and the EBS immediately. **I understand that all enrollments must be made by December 7, 2026.** I acknowledge that participants can generally only change plans once per year during the Open Enrollment Period (OEP). By enrolling in this plan now, I understand that, absent a special enrollment period, I may have to wait a year for the next OEP in order to drop or switch plans again. As part of the EBS Program, the EBS Program is required to report and share identifying and other information with the Wisconsin Department of Health Services EBS Program Manager and other relevant state employees for purposes of data reporting and quality assurance. This information also may be shared with funders, such as the Federal Government, as required. Aside from this exception, the EBS Program will not reveal client's information without the client's permission unless providing this information for the purpose of accomplishing the client's goals.



Beneficiary signature: _____ Date: _____

Return form: ADRC, 514 Riverview Ave, Waukesha 53188

Email: adrc@waukeshacounty.gov

Fax: 262-896-8273

Call 262-548-7848 with questions