Retired **Indiana Public Employees Association** Todays Date _____

Updated RIPEA Client Information for Year 2020

Last Name _____ First _____ Zip Code_____ County _____

Address:_____City_____State_____Zip Code _____

Phone #_____ Email Address:_____

Date of Birth _____ Pharmacy Preference:_____

Current Drug Plan: Carrier_____ Current Premium: $_____

Prescription Drugs	Milligrams	Dosage	Prescription Drugs	Milligrams	Dosage

To the best of my knowledge, the above are the current meds I am taking.

SIGNATURE:_____ DATE:_____

I will mail or email to you the computer generated list of prescription drug plans from Medicare.gov. If you have any questions, please call me at **800-351-0073** or check below if you want me to call you to discuss them.

____ Yes, Please call me to discuss the Prescription Drug reports.