

## Working Aged Survey

Date: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Social Security #: \_\_\_\_\_

1. Are you working or self-employed?  Yes  No (if no, insert retirement date and skip to #5)  
 Retirement Date (if applicable): \_\_\_ / \_\_\_ / \_\_\_ (if yes, complete 2 - 4)
2. Does your employer have 20 or more employees?  Yes  No
3. Do you have coverage through your employer?  Yes  No
- 3a. Have you refused health coverage through your employer?  Yes  No
- 3b. Tell us about your employer:  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_
4. Do you plan to leave your employment or retire in the next:  
 3 months  6 months  1 year  No plans
5. Are you married?  Yes  No (if no, end of survey)  
 (if yes, complete 5a - 10)  
 5a. Spouse's name: \_\_\_\_\_ Social Security # \_\_\_\_\_
6. Is spouse working or self-employed?  Yes  No (if no, insert retirement date; end of survey)  
 Retirement Date (if applicable): \_\_\_ / \_\_\_ / \_\_\_ (if yes, complete 7 - 10)
7. Does your spouse's employer have 20 or more employees?  Yes  No
8. Does spouse have health coverage through his/her employer?  Yes  No
- 8a. Tell us about your spouse's employer?  Yes  No  
 Company: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_
9. Does your spouse's health plan include coverage for you?  Yes  No
10. Does your spouse plan to leave his/her employment or retire in the next:  
 3 months  6 months  1 year  No plans

Please contact the Windsor Medicare Extra plans at 615-782-7878 or toll free at 800-316-2273, Monday through Friday 7:30 a.m. to 5:30 p.m. CST, if these answers change. TTY users should call 800-848-0298.

Thank you.