

Greenwich Commission on Aging

Health Insurance Counseling Client Consent 2022

Name: _____

Address: _____

Phone: _____ Email: _____

Do you have Medicare? Yes No

Is your monthly income:

\$2,390 or less single (QMB), \$2,617 or less single (SLMB) or \$2,786 or less single (ALMB)

\$3,220 or less couple (QMB), \$3,525 or less couple (SLMB) or \$3,754 or less couple (ALMB)

Above all those figures

I hereby release all individuals connected with the Senior Health Insurance Program (SHIP) with whom I may discuss Medicare A, B, C, Medicare Part D and Medicare Supplemental Insurance benefits and eligibility, as well as sponsoring organizations, from any liability whatsoever resulting from any health insurance decision I make.

I acknowledge that Choices counselors of the SHIP program provide information as trained volunteers and do not recommend, suggest or imply that any one course of action should be taken. I further acknowledge that all decisions are my sole responsibility. The program and the volunteers are under no obligation to provide 100% complete information due to the complexity of the subject matter and the varied needs of those seeking advice.

I understand that due to the Covid-19 pandemic, health insurance counseling may be conducted virtually. It will be my responsibility to fully and accurately share with the counselor assigned to me all information concerning my current medications, including dosage, frequency and whether they are brand or generic prescriptions. I also understand that this information can potentially be shared by my creating a Medicare.gov account in advance of the counseling session. I agree to grant access to this account for use in this one-time Medicare review. Once this session is concluded, the counselor will not retain my account information and will destroy any password information that I may have provided.

I further acknowledge that I have been advised that plan evaluations provided to me by Choices counselors of the SHIP program, Greenwich Commission on Aging, Greenwich Senior Center, their employees, agents and representatives are based on the comparative data in the Medicare Plan Finder, reached at Medicare.gov. I understand that Choices counselors, Greenwich Commission on Aging, Greenwich Senior Center, their employees, agents and representatives are only able to provide counselling to me based on information currently provided through the Plan Finder. Therefore, it is my responsibility to contact individual plans selected to independently confirm all costs and coverage.

I acknowledge that I have read the above disclaimer and understand the issues associated with participating in a virtual counselling session, including the importance of my providing accurate information to the counselor and hereby release all individuals connected with SHIP, the Choices counselors of the SHIP program, Greenwich Commission on Aging, Greenwich Senior Center, their employees, agents and representatives and the Town of Greenwich from any liability whatsoever resulting from the use of the Plan Finder and any health insurance decisions I make.

Date: _____

Signature: _____