



Navigating Medicare



Please return this completed form to SARCOA

1075 S. Brannon Stand Road, Dothan, AL 36305
Fax: 334-671-3651
Email: sarcoaship@gmail.com

Form with fields for: Exact Name on Medicare Card, Sex, Date of Birth, Medicare Number, Part A Start Date, Part B Start Date, Social Security Number, Marital Status, Race, Hispanic?, Total # in Household, Physical Address, City, State, Zip Code, Mailing Address, County You Reside In, Primary Telephone Number, Secondary Telephone Number, Email Address, Do You Reside with a Spouse?, VA Benefits, Gross Household Income, Are you currently receiving any of the following?, How did you hear about us (SARCOA SHIP)?

I am currently enrolled in the following (check all that apply):

- Original Medicare, Medicare Advantage, Medicare Supplement, Medicare Prescription Drug, Employee Plan, Retiree Plan, Federal Retiree, Railroad Retiree, State or Public Ed Retiree, Veterans Administration, TRICARE/ Champ VA

Please read the following statements and initial each and sign/ date at the bottom:

I understand that I have requested insurance counseling services through the SHIP.
I understand that I am solely responsible for the final selection and enrollment into a Medicare plan, and I hereby waive and release my SHIP counselor, SARCOA and all of its employees and volunteers, as well as the Alabama Department of Senior Services (ADSS) from any and all liability incurred in my final selection and enrollment into a Medicare plan.
I understand that my SHIP counselor, SARCOA and all of its employees and volunteers, and ADSS expressly disclaim any guaranty or warranty of the Medicare plan I select.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_



