



State Health Insurance Assistance Program (SHIP)
BENEFITS ASSISTANCE PROGRAM
A program of the Area Agency on Aging, Region One

MEDICARE ADVANTAGE or DRUG PLAN 2017 ENROLLMENT AGREEMENT

I authorize the Benefits Assistance Program (BAP) of the Area Agency on Aging, Region One, part of the State Health Insurance Assistance Program (SHIP), to enroll me in the following Medicare Advantage Plan or Drug Plan:

Name of Company _____

Name of Plan: _____ Plan Number: _____

BAP (Benefits Assistance Program) will follow your enrollment instructions and fill in the enrollment form with information that you have provided. BAP will assume that the information that you provide is complete, truthful and accurate. BAP assumes no responsibility for your decisions and you agree that the Area Agency on Aging, Region One is not responsible for any liability arising out of assisting you with your enrollment.

Print your name here _____ Date _____

Sign your name here _____ Telephone _____

In addition to the personal information previously submitted on the Counseling Tool, the following information is needed to process your enrollment:

Permanent Residence: _____
Street _____

City _____ State _____ Zip Code _____

Mailing Address: _____
(if different Street _____
from above)

City _____ State _____ Zip Code _____

Emergency Contact: _____
(Optional) Name _____

Relationship to You _____ Phone Number _____

Preference for Primary Care Physician: _____

Please direct that my monthly premium (if applicable) is deducted from my Social Security check.
Yes _____ No _____

Mail completed, signed form to: Area Agency on Aging, Region One
1366 East Thomas, Suite 108, Phoenix, AZ 85014

“This project was supported, in part by grant number 15AAAZMSHI, from the U.S. Administration for Community Living, Department of Health and Human Services, Washington, D.C. 20201. Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Points of view or opinions do not, therefore, necessarily represent official Administration for Community Living policy”