

Consent/Understanding of Changes to Insurance



I am currently on or have the option to join a retirement health insurance program. I understand if I leave a my employer-sponsored Medicare plan I will forfeit any future opportunity to enroll in it again.

Client Name		
Client Signature		
SHIBA Senior Health Insurance Benefits Assistance	Consent/Understanding of Changes to Insurance	DEPARTMENT O CONSUMFI BUSINES SERVICE
program. I understan	ave the option to join a retirement led if I leave a my employer-sponso opportunity to enroll in it again.	
Client Name		
Client Signature		
Date		
SHIBA Counselor		