

**AGREEMENT AND GENERAL RELEASE
REGARDING
MEDICARE-APPROVED INSURANCE PLAN
SELECTION & ENROLLMENT**



39 East Calhoun Street
Sumter, SC 29150
1 (800) 948-1042 or (803) 774-1400
Fax: (803) 774-1030
Email: brichburg@slcog.org

Written Consent

I understand that the documents Santee-Lynches Area Agency on Aging (AAA) will provide for me, or has already provided me, are for informational purposes only and that I am fully and solely responsible for making final Medicare plan selection. I will not hold SL AAA liable for any losses or damages incurred as a result of the SL AAA's assistance in providing me information concerning my selection and/or enrollment in a Medicare-Approved Insurance Plan.

I hereby authorize them to enroll me in the plan that I have identified below. I further release and discharge SL AAA, to include every authorized SL AAA employee, volunteer, and/or board member, from any and all liability concerning the selection and/or enrollment assistance provided by SL AAA.

I also freely sign this Agreement and General Release of Liability and fully intend to be legally bound to it. I further request that I be provided the Medicare-Approved Insurance Plan information and enrollment assistance offered by SL AAA.

I fully understand the above information and I understand that by signing this document that I am releasing my rights and I am authorizing SL AAA to enroll me in the below name plan.

Name of Medicare Insurance Plan I have selected to be Enrolled in:

Signature of Medicare Beneficiary (or Authorized Representative):

Date:

Beneficiary Phone #:

Signature of SL AAA Staff Member Providing information and/or Enrolling Beneficiary:

Date:

