

Welcome to Alaska's Medicare Information Office

You too can be part of the **CREW**

Volunteer to help us provide these services to Alaska's Medicare beneficiaries.

- **One-on-one personalized Medicare counseling**
- **Medicare education and outreach**
- **Advice on prescription savings**
- **Information on preventing Medicare fraud and waste**

Our Anchorage-based office has counselors statewide to help people better understand and use their Medicare benefits. The counselors speak English, Tagalog, Korean and Spanish.

In Anchorage: 269-3680 • Toll-free statewide: 1-800-478-6065

- C** **Counselor**—after attending a Medicare 101 training, you can begin to assist individuals with their Medicare questions. You will have lots of support to be sure you're giving accurate information.
- R** **Receptionist, Recruiter, Reporter**—pick up voicemail messages, recruit people to volunteer, write articles for the paper.
- E** **Educator, Exhibit** our display at health and agency fairs, be a seminar leader or support person.
- W** **Work** at our office or in your home on specific office tasks such as data entry, mailings to Senior Centers, and phone calls.

Volunteer Application

We invite you to participate in the Medicare Information Office's efforts to provide one-on-one counseling to Medicare beneficiaries, provide public outreach about Medicare and to empower seniors to detect, prevent and report Medicare fraud. Our goal is to match YOUR skills, talents and interests with tasks, projects and opportunities at the Medicare Information Office. Please complete the application on both sides of this document and **email** it to **Judith.bendersky@alaska.gov** or **FAX** to **(907)269-2045** or **mail** to **400 Gambell Street, Suite 303, Anchorage, AK 99501**. You will then hear back from us. Thank you!

Your Name _____ Email Address _____

Phone Numbers _____

Mailing Address _____

City _____ State _____ Zip _____

Affiliation (if any)with agency _____

Do you prefer to work at home? **y/n** ____ Do you want to work independently? **y/n** _____

Would you like to be part of a project team? **y/n** ____

What languages do you speak? _____ read? _____ write? _____

Reference

_____ phone/email _____

Reference

_____ phone/email _____

Emergency Contact _____

application continued on back



Medicare Information Office
www.medicare.alaska.gov



We are funded through the Centers for Medicare & Medicaid Services and the U.S. Administration on Aging. We offer free, unbiased assistance on all aspects of Medicare.

State of Alaska Dept. of Health & Social Services • Division of Senior & Disabilities Services • Medicare Information Office



Check off any activities that sound like a “match” for you!

- Enter data on clients we counsel (use a web-based system at our office or from your home computer.)
- Organize outreach events/event planning and coordination.
- Give 30-minute presentations on how to spot potential fraud, waste or abuse by looking at Medicare Summary Notices. (We’ll train you.)
- Meet with clients who need help with their Medicare claims and help them place phone calls for clarification.
- Explain to people 64+ how to enroll in Medicare and which parts of Medicare they may need. (You’ll receive “new to Medicare” training.)
- Assist with our Website, www.medicare.alaska.gov, by reviewing it regularly and proofreading, checking links and finding new resources and deleting outdated material.
- Help people select an appropriate Medicare Prescription Drug Plan. (We’ll train you. You must have a computer and be comfortable on the Internet.)
- Counsel people on choosing a Medigap policy (we’ll provide you with Medicare Supplement training.)
- Help central office staff maintain an accurate database of volunteer counselors (you’ll need to have phone and email.)
- Make phone calls to verify names, addresses and emails of partner agencies.
- Greet, act as receptionist and guide people during Part D Open Enrollment Clinics at the Anchorage Senior Center and/or Providence Hospital.
- Help with mailings. For example, we sometimes send information to all the senior centers in Alaska.

What other tasks or projects are you interested in? _____

CONFIDENTIALITY POLICY

I, _____ serving as a SHIP and/or SMP volunteer for the State of Alaska, Dept of HSS, Medicare Information Office, have taken an oath of confidentiality and agree to the following:

In my position at the Medicare Information Office, I promise to protect the identity and confidentiality of any person I speak to or counsel. I will never disclose information about a client, family or provider without the written consent of the person involved. If information needs to be exchanged with Medicare Information Office staff it will be on a need-to-know basis and only include the facts and never involve gossip or hearsay. At no time will I discuss a client, family or healthcare provider in public or private conversations.

The Health Insurance Portability and Accountability Act’s (HIPPA) “Minimum Necessary” portion of the Privacy Notice supports the above statements.

Signature of Volunteer *Printed Name of Volunteer* *Date and Time Signed*